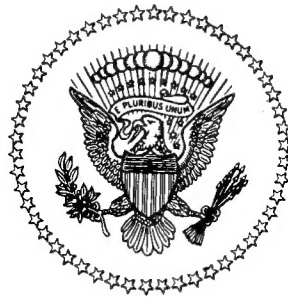


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**1984
NATIONAL
STRATEGY
FOR
PREVENTION OF
DRUG ABUSE
AND
DRUG
TRAFFICKING**



THE WHITE HOUSE
WASHINGTON

September 10, 1984

In the past three years, we have made progress in the fight against drug abuse. Permissive attitudes are giving way to a sense of responsibility to ourselves, to our families and to our country. Hopelessness and helplessness have been replaced with optimism and a willingness to work toward a better future. People all across our nation have joined in the fight.

We have halted the growth of drug abuse which occurred during the 1970s, but our battle is far from over. Millions of Americans, including one-fourth of our nation's young people, continue to abuse drugs or alcohol. The costs are measured in lost lives, troubled families and forsaken dreams.

Our strategy to fight drug abuse replaces debate with action. Our goal is clear. We intend to conquer drug abuse and ensure a safe and productive future for our children and our nation. The Federal government is committed to doing all in its power to stop drug abuse and drug trafficking, but ultimate victory will be determined by individual Americans working within their home, workplace and community.

Together, we are proving that the moral strength of the American people can overcome one of our most challenging national and international problems.

Ronald Reagan

1984 National Strategy For Prevention of Drug Abuse and Drug Trafficking

Prepared Pursuant To
The Drug Abuse Office and Treatment Act of 1972

Participating Departments

Department of Agriculture	Department of the Interior
Department of Commerce	Department of Justice
Department of Defense	Department of Labor
Department of Education	Department of State
Department of Health and Human Services	Department of Transportation
	Department of the Treasury

**Drug Abuse Policy Office
Office of Policy Development
The White House**

**1984 National Strategy
For Prevention of Drug Abuse
and Drug Trafficking**

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I. OVERVIEW

I. Overview

Introduction

Over the past two decades, the use of illegal drugs in the United States spread at an unprecedented rate and reached into every segment of our society. The drug-oriented youth culture was foreign to most of our adult population. There was a feeling of inevitability regarding widespread drug use and concern over what was the right thing to do. Ending a long period of discouragement and lack of decisiveness, the early 1980s have brought a dramatic change: a less defeatist attitude, a belief that destruction of young minds and bodies through deliberate ingestion of drugs for non-medical reasons is dangerous and wrong. Most importantly, people are beginning to accept that drug use is not inevitable; that by learning and working together, and setting standards and expectations regarding behavior, we can make a real difference. . . .we can make a better future for America. This is what the 1984 Strategy for Prevention of Drug Abuse and Drug Trafficking is about.

Drug Abuse in the United States

President Reagan has repeatedly emphasized the importance of the fight against drug abuse. On March 6, 1981, he called drug abuse "one of the gravest problems facing us," warning that if we fail to act, we are "running the risk of losing a great part of a whole generation."

There is reason for concern. More than 20 million Americans use marijuana at least once a month. One out of 18 high school seniors use marijuana daily. Over four million people, half of whom are between the ages of 18 and 25, are current users of cocaine. Approximately one-half million Americans are heroin addicts. Countless others are affected by the significant abuse problems which involve medical drugs manufactured in illicit laboratories or diverted from legal pharmaceutical sources. Alcohol is a major problem as well; there are an estimated 10 million adult problem drinkers and an additional three million between the ages of 14 and 17.

The millions of Americans who use illicit drugs are suffering more severe consequences because of higher potency in most types of drugs, more dangerous methods of drug use, and choosing to use more than one drug simultaneously. It is not unexpected that more dangerous drug-taking habits result in dramatic increases in medical emergencies and deaths.

However, these bleak statistics do not indicate a hopeless situation. In the 1980s, there has been a leveling off in the use of drugs, and youthful drug involvement has begun to decline, largely as

a result of individual and community decisions to take a firm stand against drug abuse. This leveling clearly does not signal victory over drug abuse; we have a long way to go before our drug problem is solved.

The Administration has embarked on an aggressive campaign to attack drug abuse on every front — international and domestic; foreign assistance, border control, law enforcement, health care and prevention. The programs encompass all efforts to help those currently exposed to or involved in drug abuse. The campaign includes priority attention on reaching our young children before they become involved in drugs, including alcohol. In short, we are teaching them how to say “*no*” to drugs.

Executive Direction

A major element of the Federal effort is the personal leadership of the President, Vice President, and Cabinet officers in supporting the drug abuse reduction effort. The President has assigned a high priority to the drug abuse program and charged two Cabinet Councils with program responsibilities:

- The Cabinet Council on Legal Policy, aided by a Working Group on Drug Supply Reduction, focuses on the development and implementation of international and domestic efforts to reduce the supply of illicit drugs; and
- The Cabinet Council on Human Resources, with a Working Group on Drug Abuse Health Issues, is responsible for developing recommendations and overseeing the implementation of the health-related aspects of the Strategy.

The President has, by Executive Order 12368, formally designated the Director of the Drug Abuse Policy Office in the White House Office of Policy Development as his adviser on drug abuse policy matters. The Executive Order assigns responsibility to the drug abuse policy adviser for coordinating and overseeing both international and domestic drug abuse functions by all executive branch agencies.

The system established by the President for White House oversight and coordination has been effective in implementing the Federal Strategy. Eleven cabinet departments and 37 Federal agencies are involved in the broad Federal effort. The President's budget for Fiscal Year 1985 includes one and one-half billion dollars to support the Federal anti-drug programs. Also, money is included in the block grants to provide state governments with funding flexibility in meeting their own drug abuse priorities.

While the White House has a key role in providing leadership and coordinating Federal efforts, continuing support by the Congress also plays an important part in the efforts to reduce drug abuse in the United States.

The Federal Strategy for Prevention of Drug Abuse

The first Federal Strategy was published in 1973 in response to Congressional direction for "the development of a comprehensive, coordinated, long-term Federal strategy for all drug traffic prevention functions conducted, sponsored, or supported by any department or agency of the Federal Government."

The 1984 Strategy goes beyond the Federal responsibilities and establishes a comprehensive national strategy where all individuals; all business, civic and social organizations; all levels of government; and all agencies, departments and activities within each level of government are called upon to lead, direct, sponsor and support efforts to eliminate drug abuse in families, businesses and communities.

The 1984 Strategy is not a dramatic change in direction. The President's 1982 Federal Strategy provided a long-range approach which is working well. The 1984 Strategy reinforces these efforts in a continuing long-term plan to eliminate drug abuse in the United States.

The Strategy sets forth the tone and direction of the national response to drug abuse problems. The Strategy provides a flexible framework within which government administrators and policymakers can increase the effectiveness of existing programs, as well as design and vigorously implement specific new initiatives across the broad spectrum of domestic and international drug abuse prevention and control activities. The Strategy also serves as a source of information and guidance to assist and encourage the private sector in efforts to reduce drug abuse.

Priorities

The 1984 Strategy continues to be concerned with the widespread social and health problems created by the abuse of a number of drugs. The highest priority in the 1970s was given to heroin, the drug perceived to be "most dangerous," with the understanding that as use and abuse patterns changed, it would be necessary to modify older priorities and reallocate resources accordingly. Opiate abuse still causes serious problems in terms of criminality and personal suffering and the 1984 Strategy continues to recognize the need for a strong response to heroin. However,

intensified use patterns and recent research leave little doubt that cocaine is potentially as destructive to health as heroin.

Programs must also respond to the large numbers of people and families who are suffering the direct and indirect effects of other drugs of abuse, including marijuana and alcohol. The effects of drug abuse are felt in nearly every family and every community throughout the United States. This broad social impact requires greater attention to the entire spectrum of drug abuse and requires feasible health and law enforcement priorities which address the specific drug problems in each geographic area.

Therefore, the 1984 Strategy does not attempt to dictate from a national level the relative priorities for local responses to drug problems. While drug abuse is a menace to our entire society, the drug problems of a large city may be quite different from those of a small town. Each locality must determine its own priorities and must have the flexibility to fashion appropriate responses.

Private Sector Participation

Our experience over the past decade proves that, regardless of the amount of Federal resources available, the success of the national drug abuse prevention effort ultimately depends on the dedication and the commitment of private industry, public organizations and citizen volunteers.

Important private efforts are underway in the United States to prevent drug abuse where it really counts: by individuals, in families and in local communities. The highly successful Parent Movement, described in the Drug Abuse Prevention chapter of this Strategy, is a dramatic indication of the intense concern across the country and the willingness of people to get personally involved in solving drug abuse problems that touch their lives. Significantly, the Parent Movement has grown with little financial support from the government.

The 1984 Strategy recognizes the existing network of Federal, state and local government activities, as well as the expanding private sector efforts directed at reducing drug abuse. Therefore, the challenge of the Strategy is to seek the optimum use of this network in reducing the effects of drug abuse on our society as a whole and on each individual citizen. *Described simply, real success is achieved when those people most affected by drug and alcohol abuse are directly involved in solving their own problems.*

Major Elements and Roles

The Strategy is a comprehensive approach to reducing the availability of illicit drugs and reducing the adverse effects of drug abuse

on the individual and society. The five major elements of the Administration's drug program are:

- Drug abuse prevention through awareness and action;
- Drug law enforcement;
- International cooperation to control narcotics;
- Medical detoxification and treatment; and
- Research directed at causes, treatments and understanding.

The Federal role is to provide national leadership, working as a catalyst in encouraging the efforts of state and local governments and the private sector, and to pursue those drug abuse functions which lie beyond the jurisdictions and capabilities of the individual states. The Federal government has the primary responsibility for enforcing Federal laws, for international cooperation and for certain research activities. The roles and missions of the various agencies and departments of the government are described in the later chapters.

The responsibility for the successful implementation of the Strategy to eliminate drug abuse in the United States is shared by government and the private sector. In fact, the responsibility for stopping drug abuse is shared by every American.

Drug Abuse Prevention

Drug abuse prevention — through awareness, education and action — is key to long-term success in stopping drug abuse and drug-related crime in our society. Prevention must begin with public awareness of the problem, an understanding of what can be done to improve the situation and a willingness to do something about it. The prevention strategy includes teaching young children to actively resist drug-taking behavior and convincing those of all ages who are currently involved in drugs to stop.

President Reagan, in proclaiming National Drug Abuse Education Week in 1983, stated, "Drug abuse is a national problem and a target for a nationwide program. All across America, our citizens, community organizations, and the private sector have recognized that they can make a difference in the battle against this serious concern. Expanded drug abuse awareness efforts, the banding together of concerned parents, and the involvement of the many community groups are lowering the rate of drug abuse which prevailed during the Seventies."

The Administration has worked closely with the private sector in initiating a comprehensive national campaign to discourage drug and

alcohol use among school-age children. Support from the business community has been particularly outstanding. During the past two years, major national efforts have been sponsored by Keebler Company, Xerox Corporation's *Weekly Reader* Publications, D.C. Comics, International Business Machines, Lions International, the National Soft Drink Association, WQED in Pittsburgh, the Public Broadcasting System, the American Lung Association, McNeil Pharmaceutical and others too numerous to mention.

Mrs. Reagan has been a leader in the drug abuse awareness and prevention efforts. Directing her efforts at helping young children, Mrs. Reagan has visited schools and treatment facilities and has sought every opportunity to be involved in sponsoring or assisting with prevention activities. Her assistance with the national television programming of the "Chemical People" and with the mailing of over 4 million drug awareness comic books has made a significant contribution to prevention. Mrs. Reagan has stated the objective well, "Our number one priority is prevention. We don't want children to try marijuana even once. And parents hold the key. Children look to their parents for guidance and we must give it to them."

The 1984 Strategy calls for strong support of an anti-drug, pro-achievement generation, with emphasis on prevention efforts among elementary school children. Special attention must be given to those eight years old (third grade) and younger. These efforts include teaching positive behavior, such as making good decisions and constructive handling of responsibilities and feelings. In the school, drug abuse prevention should be treated as a positive cultural value related to achievement and should be integrated into the rest of the curriculum. The goal of "Excellence in Education" goes hand in hand with "Say No to Drugs."

President Reagan has called on "all Americans to join the battle against drug abuse to protect our children so that we ensure a healthy and productive generation of Americans as our contribution for the future."

A more detailed description of the prevention program is contained in Chapter III, Drug Abuse Prevention.

Drug Law Enforcement

The Administration's vigorous drug law enforcement strategy is designed to destroy criminal drug trafficking networks, both international and domestic, and to intercept and eradicate illicit drugs which are enroute to consumers. Effective drug law enforcement reduces the availability of illicit drugs in the United States, deters drug-related crime and creates an environment favorable to the

implementation and development of long-range programs to eliminate the production and abuse of illicit drugs.

Since the early days of the Administration, President Reagan has provided strong personal leadership to the drug law enforcement effort and taken every step possible to strengthen four major areas.

First, all available Federal, state and local statutes, expertise and resources are being brought to bear on the full spectrum of drug trafficking and related criminal activities.

- At present, 14 Federal agencies are involved in the drug law enforcement effort and provide the manpower, expertise and jurisdictions to pursue varied criminal activities associated with the drug traffic, including smuggling, racketeering, conspiracy, bribery, tax evasion illegal money transfers, firearm violations, and crimes of violence, among others.
- As a result of legislation in December 1981, the Department of Defense is providing valuable support to civilian law enforcement operations consistent with national security obligations.
- Also in December 1981, President Reagan signed Executive Order 12333 which authorizes the U.S. intelligence community, in accordance with law, to produce intelligence on foreign drug trafficking.

Second, the Administration has expanded the resources available to the drug law enforcement effort to the highest level in U.S. history. The Federal budget for drug law enforcement will exceed \$1.2 billion in Fiscal Year 1985, a 75 percent increase since 1981.

Third, a strong system of cooperation and coordination has been established for the most effective and efficient use of the diverse resources involved, recognizing that law enforcement agencies working together often can accomplish more than the same agencies working separately.

- The Cabinet Council on Legal Policy, established by President Reagan in January 1982, provides Cabinet-level direction for the overall effort.
- In January 1982, the President created the South Florida Task Force, headed by the Vice President, as a major new initiative against crime problems in Florida, including the massive drug smuggling and associated illegal financial activities.
- On October 14, 1982, President Reagan announced an 8-point national effort to combat drug trafficking by

organized crime, including the establishment of 12 Organized Crime Drug Enforcement Task Forces. In late 1984, an additional task force will be established for the Florida and Caribbean region.

- On March 23, 1983, President Reagan created the National Narcotics Border Interdiction System (NNBIS), headed by the Vice President, to coordinate the drug interdiction effort around all borders of the United States.
- On July 28, 1983, President Reagan named a President's Commission on Organized Crime to study the influences of organized crime in various regions of the country and to recommend ways of combatting those influences.

Fourth, President Reagan has repeatedly emphasized that those individuals who violate the law should receive swift and certain justice, rather than allowing criminals to exploit those provisions of the law which were designed to protect the innocent. On March 16, 1983, President Reagan submitted to Congress the Comprehensive Crime Control Act of 1983, an omnibus criminal justice proposal containing urgently needed reforms of criminal statutes. The support of the Congress in passing the reform of criminal justice laws is essential.

The 1984 National Strategy calls for continuing aggressive pursuit of drug traffickers, the seizure of their illegally-gained assets, and the ultimate destruction of their criminal organizations. A detailed description of the law enforcement program is contained in Chapter IV, Drug Law Enforcement.

International Cooperation

President Reagan has established "a foreign policy that vigorously seeks to interdict and eradicate illicit drugs, wherever cultivated, processed or transported." The Administration has pursued a vigorous implementation of this policy. The international effort is an integral part of the total effort by the U.S. Government to stop drug abuse by reducing both availability and use of illicit drugs in the United States. Fundamental to the overall supply reduction effort is eliminating illegal drugs as close to their source as possible. The major gains will be realized in the longer term reduction in availability of illicit drugs.

There have been significant achievements during the past few years. Key source countries have acted to stop drug trafficking. For instance, major law enforcement and eradication efforts have begun in Colombia; Pakistan has taken steps to gain control over the

outlying opium-producing areas; and Thailand's military forces have attacked opium traffickers in the border areas of their country. Other governments around the world have moved to stop drug production and trafficking within their countries.

The response by other nations to the efforts of the United States Government is evidence of the growing understanding that drug abuse is truly an international problem, with adverse social, political and economic impacts on producer and transit nations, as well as on the consumer nations.

The United States is encouraging foreign governments to control cultivation, production and refining of illicit drugs. To assist them in narcotics control, the U.S. Government is providing aid for crop control and other law enforcement activities, complemented where appropriate by development activities.

Achieving control of illicit production is a formidable challenge because the worldwide supply of marijuana, cocaine, heroin and other drugs is large and complex. Production is widely distributed and often concentrated in areas which are not policed or controlled by the recognized government. The Strategy calls for leaders and governments worldwide to condemn illegal drugs and to take aggressive action to stop production, transport and use of such drugs. Where it is necessary and appropriate, the Strategy calls for U.S. decisions on foreign aid and other matters, such as refinancing of debt, to be tied to the willingness of the recipient country to execute a vigorous enforcement program against narcotics traffickers.

The financial aspects of the illicit drug traffic are as damaging as the production and smuggling of the illegal drug material. The multi-billion dollar illicit drug traffic breeds corruption; undermines political processes, government stability and economies; and plagues societies with acts of terrorism and other violent crime. The Strategy calls for the illegal financial activities associated with drug trafficking to receive a high level of attention and cooperative action by law enforcement agencies and by the regulators of the banking industry, both nationally and internationally.

A more detailed description of the international program is contained in Chapter V, International Cooperation.

Medical Detoxification and Treatment

The 1984 Strategy recognizes that detoxification and treatment of individual drug abusers is an essential element in the comprehensive strategy to reduce the effects of drug and alcohol abuse in the United States.

Since 1968, the Federal government has provided funding to the States on a matching basis to encourage development of prevention

and treatment programs. The national treatment capability, stimulated through matching funds, far exceeded that which the Federal resources alone could have provided. The drug abuse treatment network in the United States has grown significantly from the 183 programs existing in 1968. A report developed by the National Association of State Alcohol and Drug Abuse Directors in April 1984 indicated that a total of 2,961 drug abuse treatment units and 3,909 alcohol treatment units received some government funding assistance in Fiscal Year 1984. Reported financing for the national drug and alcohol abuse treatment, rehabilitation and prevention programs in Fiscal Year 1984 exceeded \$1.4 billion, with the Federal government providing \$302 million or (21 percent), state and local government providing \$802 million (57 percent), and the private sector providing \$308 million (22 percent). Treatment programs have been directed at overcoming the physical problems of drug addiction and providing psychological and social counseling to help the individual drug abuser live without drugs.

The treatment strategy is based on:

- Recognizing the existence of a national network of drug treatment programs and established referral systems;
- Continuing the evolution of effective drug and alcohol treatment delivery systems by encouraging the states to allocate an appropriate level of funding based on local needs and priorities;
- Seeking less expensive, more effective treatment alternatives;
- Integrating drug and alcoholism treatment services into the general health care system;
- Encouraging private industry, religious groups, private organizations and state agencies to work together to support treatment programs; and
- Promoting drug-free treatment programs.

Meeting acute medical needs associated with drug emergencies, providing treatment for chronic drug abusers, and efforts toward prevention and early non-medical intervention are often viewed as competitors for scarce resources. However, all of these elements are necessary if an affected community is to go beyond a holding action and seek the larger goal of a better future. Therefore, responsible public officials should avoid destructive competition between these activities and seek the synergistic effect which occurs when effective and balanced programs exists within their communities.

A more detailed description of the treatment program is contained in Chapter VI, Medical Detoxification and Treatment.

Research

Research, carefully planned and widely undertaken, can reinforce all efforts to prevent, treat and control drug problems. The Strategy supports the expansion of research directed at understanding the causes and consequences of drug abuse and the application of that knowledge to drug and alcohol abuse prevention, treatment and rehabilitation. Accurate and timely information about drugs and alcohol must be produced in an understandable format and disseminated for use by health care professionals, researchers, educators and the public.

The research strategy will continue to emphasize:

- Investigating the biological interaction between the combination of marijuana and alcohol and between other drugs and alcohol;
- The development of chemical agents that will block or change the expected psychological effects of a drug or provide pharmacologic support during treatment;
- The development of an effective system to monitor the composition and potency of illicit drugs;
- Longitudinal and other epidemiological research to expand knowledge of drug and alcohol use patterns, risk factors and long-term health consequences;
- Basic research on the biological and psychological determinants of drug and alcohol abuse;
- Studying the effectiveness of prevention and treatment approaches; and
- Stimulating interdisciplinary research which allows the integration and analysis of data from the criminal justice system, social sciences, biochemistry, etc.

The 1984 Strategy encourages the pharmaceutical community, colleges, universities and professional health care organizations to undertake more extensive drug abuse research. The Strategy also recognizes that alcohol and drugs are reported to be the two leading causes of mental health problems and, therefore, calls for additional coordination of the planning, conduct and application of research by the organizations and persons involved in mental health, drug abuse and alcoholism issues.

A more detailed description of the research program is contained in Chapter VII, Research.

Drug and Alcohol Abuse in The Armed Forces

The Department of Defense and the Coast Guard have established a strong policy based on the conclusion that drug and alcohol abuse are incompatible with the maintenance of high performance standards, military discipline and combat readiness. Significant progress has been made during the past several years. The use of illicit drugs in the military has begun to decrease.

In addition to drug and alcohol abuse prevention efforts directed at the military member, the Department of Defense has major initiatives underway to promote healthy living and the attitudes and values that support such lifestyles.

As an example, the Chief of Staff of the Army has banned the reduced pricing of alcohol beverages in Army service clubs, stating that such practices were "not consistent with Army policies and programs to eliminate alcohol-related problems." Club events, such as the "happy hour," are not eliminated, but the primary emphasis of these social activities is being shifted away from alcoholic drinks to food or entertainment.

A more detailed description of the drug abuse programs of the Department of Defense is contained in Chapter VIII, Drug and Alcohol Abuse in the Armed Forces.

Summary

The National Strategy outlines a comprehensive program to reduce drug and alcohol abuse in the United States. The program continues to rely on integrated and cooperative efforts of Federal, state and local governments, as well as on the close involvement of the private sector — through the business community, social and civic organizations, and volunteers.

The 1984 Strategy provides a flexible framework responsive to local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area. The principles set forth in the Strategy are guidelines which respond to current drug and alcohol problems, support successful drug control and prevention activities, and promote innovation. They are designed to take full advantage of the almost unlimited potential for cooperative citizen efforts in support of the goal of reducing drug and alcohol abuse in the United States.

II. DRUG ABUSE IN THE UNITED STATES

II. Drug Abuse in the United States

Introduction

During the 1960s and 1970s, the use of marijuana, hallucinogens, cocaine and other drugs spread at an unprecedented rate, particularly among our youth. In the 1980s, by contrast, there has been a leveling in the use of drugs, and youthful drug involvement has begun to decline. This reversal of the trend toward increasing drug abuse provides proof that it is possible to stop drug abuse.

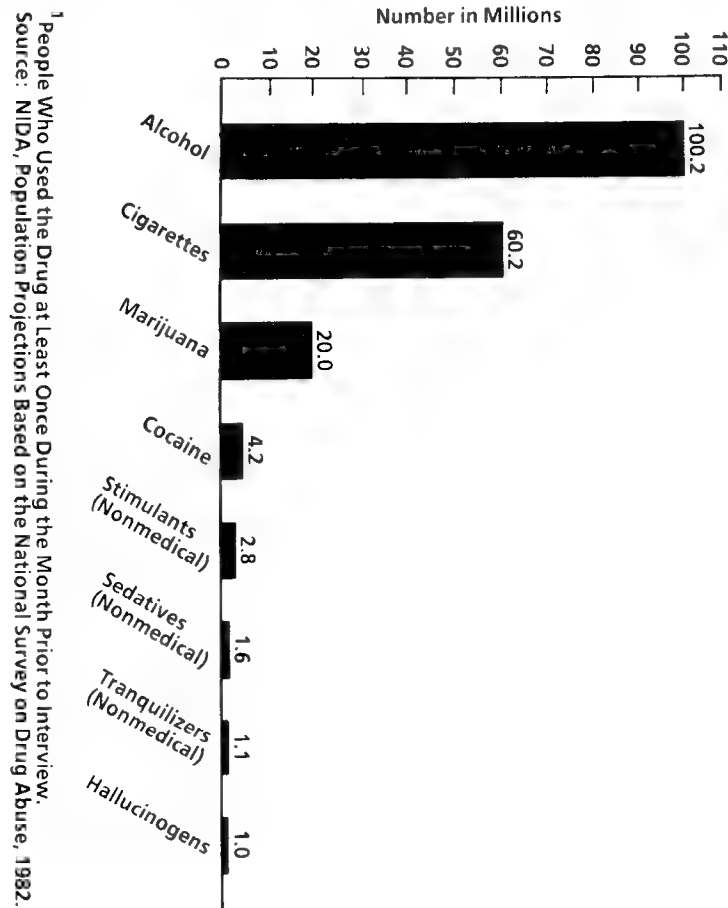
However encouraging these trends may be, the extent of the existing drug problem is of national concern. A majority of our young people have experimented with illicit drugs by the time they finish high school. A substantial number of young Americans become seriously involved, with the results ranging from poor grades and family disruption to mental problems and deaths.

One thing is obvious. We cannot deny the existence of massive drug and alcohol problems. Today, more than 20 million Americans use marijuana at least once a month. One out of 18 high school seniors uses marijuana daily. Over four million people, half of whom are between the ages of 18 and 25, are cocaine users. Approximately one-half million Americans are heroin addicts. Countless others are affected by the significant abuse problems which involve medical drugs manufactured in illicit laboratories or diverted from legal pharmaceutical sources. Alcohol is a major problem as well, with an estimated 10 million adult problem drinkers and an additional three million between the ages of 14 and 17.

Although the number of current users appears to have peaked, the millions of Americans who continue to use illicit drugs are suffering more severe consequences of drug use because of higher potency in most types of drugs, more dangerous methods of use, and choosing to use more than one drug simultaneously. It is not unexpected that these more dangerous drug-taking habits result in dramatic increases in medical emergencies and deaths.

At the same time, a broad spectrum of our society has demonstrated an intense concern over the more insidious long-term effects of chronic drug use and the impact on the users, on their families, on their communities, and on the future of our Nation. Reasons for this concern include drunk and drugged driving accidents, accidents on the job, learning disabilities and other mental problems, family disruption, and direct health problems in many forms, including interference with normal reproductive functions, and long-term damage to the brain, heart and lungs. All of these may seem distant and insignificant until they happen to you or to one of your immediate family.

Estimated Number of Current Users¹ United States Household Population, 1982



During the past 20 years, the health of all Americans has been improving, with one notable exception. The death rate for young Americans between the ages of 15 and 24 is higher than it was 20 years ago. Alcohol and drug abuse are the major contributors to these unnecessary deaths. Almost 60 percent of American youth try an illicit drug before they finish high school. Some learn quickly and stop. A substantial number continue. In 1979, more than one-third (37 percent) of our Nation's young people between the ages of 12 and 17 used drugs or alcohol at least once a month. In 1982, this had improved to 27 percent. Despite the improvement, the current high levels of use continue to pose potentially disastrous consequences for the future of a large number of families and for the Nation.

Brief summaries of the estimated levels of use, supply and sources of specific drugs are provided in this chapter. Data on the extent and

nature of drug abuse in the United States and on the estimated availability of illicit drugs come from several sources:

- The 1982 and 1983 High School Senior Surveys on drug use by high school seniors;
- Information on clients admitted to treatment for drug abuse in state-funded programs reported through the Client Oriented Data Acquisition Process (CODAP);
- Data on drug-related medical emergencies and death reported from hospital emergency rooms and medical examiners to the Drug Abuse Warning Network (DAWN);
- The 1982 National Survey on Drug Abuse, a survey on nonmedical use of drugs gathered from a random sample of American households; and
- The National Narcotics Intelligence Consumers Committee (NNICC) which reports data on illegal drug production and drug trafficking.

The introduction of the block grant program for treatment services eliminated the requirement for states to report on treatment admissions to the Federal government. Some states continue to collect admission data and voluntarily provide the information to the National Institute on Drug Abuse for epidemiological analysis. However, improved data sources are needed. The data requirements are discussed in Chapter VII, Research.

Additional information comes from research activities supported by the Department of Health and Human Services. Reviews of current literature on the health effects of marijuana are contained in the triennial report to Congress called *Drug Abuse and Drug Abuse Research*. Current information on the health consequences of using alcoholic beverages is contained in the triennial report to Congress entitled *Alcohol and Health*. In addition, the National Academy of Sciences recently completed a systematic analysis of alternative approaches to the prevention of alcohol-related problems entitled *Alcohol and Public Policy: Beyond the Shadow of Prohibition*.

Drugs of Abuse

Cannabis/Marijuana

An estimated 20 million people in the United States use marijuana once or more each month, according to the most recent national survey. The use of marijuana among young people (age 25 and under) has continued to decline gradually since 1979, but in 1982 there was no change in use by adults 26 and older. As the most

commonly used illicit drug in the United States, marijuana can be found throughout the Nation, in rural areas as well as in big cities.

Marijuana mentions in emergency room incidents increased slightly from about 5,300 in 1982 to 5,500 in 1983. The increased mentions are primarily the result of the fact that marijuana is frequently used in combination with other drugs. Alcohol is most often the other drug, but there has also been a rise in the use of marijuana with PCP and cocaine.

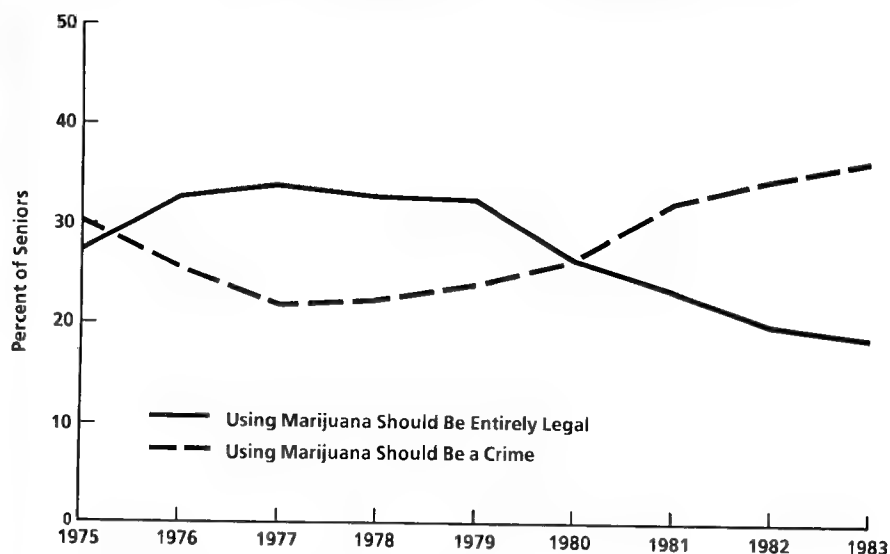
Another factor contributing to increased health consequences of marijuana use is the increase in potency over the past several years. Average potency, or the amount of tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana, has been increasing and now averages around 3 percent as compared to the marijuana of the 1960s which averaged less than 1 percent. Selected marijuana products, such as sinsemilla produced in some varieties of cannabis, may exceed 7 percent THC and present a greater danger, particularly to new users.

The health effects of marijuana use are of serious concern. Recent research demonstrates a series of significant risks and dangers in such areas as intellectual functioning, reproduction, driving and other skilled performance. Consequences can include impairment of the immune response and of the respiratory and cardiovascular systems, and possible changes in the central nervous system and genetic material.

Daily use of marijuana by high school seniors, which had been as high as one in nine in 1978, is now at approximately one in 18. The annual surveys since 1979 reveal a number of major changes in the attitudes of those young people toward marijuana. In the 1983 survey, seniors were more concerned about the health consequences of regular marijuana use and were more likely to feel the disapproval of their peers if they used marijuana. Also reflecting the change in attitudes, both seniors and adults questioned in different parts of the United States favor stricter enforcement of laws against marijuana.

The reported change in attitudes suggests that strong reinforcement of prevention and education efforts could produce a significant reduction in marijuana use. The continued decline in marijuana use among younger persons may also lead to declines in the use of other drugs in future years. Recent research has indicated that by the time youth reach their mid to late twenties, early users of marijuana are almost twice as likely to use psychoactive drugs as non-marijuana users. Research also shows that, while youthful experimentation with cigarettes and alcohol does not automatically lead to marijuana use, those who do use marijuana usually have started with cigarettes and alcohol.

Trends in Attitudes Regarding Marijuana Laws Among High School Seniors: 1975-1983



Source: NIDA, Monitoring the Future Study, 1983.

During 1983, marijuana was available in most metropolitan areas, although spot shortages and temporary price increases occurred in some locations before domestic cannabis was harvested in the fall. Wholesale prices of Colombian marijuana and domestic sinsemilla increased between 1982 and 1983, perhaps indicating a slight reduction in supply.

In 1983, Colombia supplied an estimated 59 percent of the 12,600 to 15,000 metric tons of marijuana available in the United States. The remainder came from Jamaica (13 percent), domestic production (11 percent), Mexico (9 percent) and other minor suppliers (8 percent). While foreign supplies remained relatively stable, production from domestic sources decreased about 26 percent from 1982 levels. This reduction is believed to be the result of expanded domestic eradication efforts.

A positive commitment to eradication is clearly being demonstrated in the United States and Mexico. In the past few months, the Government of Colombia has taken action against marijuana by implementing a cannabis eradication program using herbicides. The effects of such a program will be significant in the current situation. However, the potential exists for Jamaica and other countries to expand production.

While the estimating techniques used for 1983 suggested that the amount of marijuana consumed had increased slightly over the prior year, other indicators, such as surveys of attitudes and use patterns, indicate reduced levels of use. It is anticipated that consumption of marijuana will decrease in 1984, reflecting a combination of factors, including fewer users, the effect of foreign and domestic eradication efforts, and gradual reduction of marijuana in the smuggling pipeline.

Cocaine

A notable drug trend during the last decade was the spreading use of cocaine. Recent trends toward intensive use patterns and current research findings leave little doubt that cocaine is dangerous and in several respects the most addictive drug in general use. The erroneous, but widely accepted belief that cocaine is nonaddictive may have contributed to a willingness to experiment with this drug. As the consequences of cocaine use have become apparent, public awareness of the cocaine problem has increased sharply.

According to the most recent national surveys, the number of individuals who used cocaine at least once in the month preceding the survey has been essentially level between 1979 and 1982. In 1982:

- Over half of the users were young adults from 18 to 25 years old;
- The number of users 26 years or older increased slightly; and
- Use among young people under 18 years of age leveled off after showing sharp increases between 1976 and 1979.

Intelligence estimates indicate that the price of cocaine was down and the quantity consumed in the United States may have increased slightly between 1982 and 1983. There are indications that the number of current users may be decreasing; however, more of the current users are experiencing cocaine-related problems. The increased consumption may reflect the higher amounts associated with the intensified use patterns among a significant portion of the users.

Between 1982 and 1983, the total number of cocaine-related hospital emergencies increased approximately 12 percent and cocaine-related deaths increased an estimated 13 percent. The greater health consequences are largely the result of more dangerous methods of use, including:

- "Freebasing" -- smoking a relatively pure form of cocaine;
- Intravenous -- often associated with heroin/cocaine "speedballs;" and
- Use of cocaine in combination with other drugs, including heroin, alcohol, marijuana and PCP.

Reflecting the lower prices, cocaine use in 1983 appeared to be spreading from high-income users to drug abusers in lower socio-economic levels, including narcotics addicts. Many heroin retailers reportedly chose to expand cocaine sales in lieu of increased heroin activity.

Excessive production in source countries has contributed to an oversupply of cocaine and declining wholesale prices. An estimated 54 to 71 metric tons entered the United States in 1983, compared to about 40-65 metric tons in 1982. About 75 percent of the finished product is exported from Colombia, 10 percent from Peru, 10 percent from Bolivia, and 5 percent from other sources.

Peru and Bolivia are the primary sources for preliminary coca products, although Colombia now produces about 15 percent of the coca converted to cocaine for the illicit market.

Colombian criminal organizations continue to dominate the cocaine traffic from the manufacture of cocaine to its distribution in the United States; however, these groups are being affected by competition from other criminal elements and intensified law enforcement.

Cocaine trafficking organizations have been hard hit by law enforcement during 1984. In the United States, the Organized Crime Drug Enforcement Task Forces and other investigative efforts are successfully pursuing major cocaine trafficking organizations. Control of cocaine precursor chemicals by Colombia, the United States and other countries, appears to be disrupting cocaine laboratory activity in Colombia. The Government of Colombia, in recognition of severe internal social, economic and political problems related to illicit drugs, has declared an all-out offensive against the drug traffic.

During March through June 1984, the Government of Colombia seized an unprecedented 14 metric tons of cocaine in raids against cocaine processing plants. The impact of these raids on availability of cocaine is not yet known. However, it should be noted that the quantity seized is roughly equivalent to one-fifth of the estimated annual supply of cocaine to the United States. Some cocaine conversion laboratories have been found in the United States, apparently established as a reaction to the intensified enforcement

activities against both the chemicals essential for producing cocaine from coca and the cocaine laboratories in Colombia.

Long-term efforts to eliminate coca supplies are also showing signs of progress. The Government of Colombia has implemented a coca eradication program. In mid-1983, both Peru and Bolivia began moving ahead with coca control programs after several years of delay.

Heroin

Estimates of the number of individuals addicted to heroin, a narcotic which produces physical dependence, have remained relatively stable, at about one-half million, since the mid-1970s. Most of the available data indicate that the current users are predominantly older addicts with an average age of 30 and increasing. This suggests that there is a decline in new, young users and that present users are largely from a group of people who began using heroin during the "heroin epidemic" in the late 1960s and early 1970s.

Heroin addicts appear primarily in major metropolitan areas, particularly in Los Angeles, Detroit, and in the Northeast corridor between New York City and Washington, D.C. Although the number of heroin addicts is low compared with the number of people who use other drugs, heroin is a significant cause of drug-related emergencies and deaths in the United States.

The annual number of heroin-related emergency room episodes stabilized between 1982 and 1983 at about 12,500, after increases from 1978 to 1982. As with treatment admissions, the heroin users reported in these data appear to be older and increasingly involved in multi-drug use. The intravenous use of heroin and cocaine "speedballs" has become more prominent and is expected to continue.

An estimated 4.1 metric tons of heroin were consumed in the United States during 1983, which was about the same quantity as in 1982. Approximately 48 percent was refined from opium produced in the Southwest Asian countries of Pakistan, Afghanistan and Iran. Mexico accounted for 33 percent of the supply. The remaining 19 percent came from the Golden Triangle of Southeast Asia, which refers to the common border areas of Burma, Northern Thailand and Laos.

Other Drugs

A significant portion of the drug abuse problems in the United States involves drugs manufactured in illicit laboratories or diverted, domestically or abroad, from legitimate laboratories or pharmaceutical sources. The Strategy addresses those drugs causing the greatest concern.

The primary source of pharmaceutical narcotics, analgesics and most depressants continues to be through diversion from legitimate U.S. manufacturing and distribution channels. Diversion occurs through thefts, burglaries, and fraudulent prescribing and dispensing practices. Clandestine laboratories manufacture illicit stimulants, hallucinogens and methaqualone.

Depressants

According to the most recent national survey of drug use, there were over one and one-half million people who used a sedative and over one million individuals who used a tranquilizer for a nonmedical purpose at least once in the month preceding the survey. The misuse of depressant drugs can have severe consequences for the user and continues to account for a large percentage of the total drug-related medical emergencies reported each year despite the fact that abuse of major depressant drugs has steadily decreased since 1980.

The continuing decline in nonmedical use of barbiturates is paralleled by similar decreases in adverse health consequences as reported by hospital emergency rooms and medical examiners. Barbiturates are still a serious concern because overdose may result in major respiratory and circulatory problems, leading to coma or death.

The availability and abuse of methaqualone, a sedative/hypnotic drug commonly known by the brand Quaalude, has decreased since 1980. The bulk of the illicit methaqualone available in the United States since the late 1970s was diverted from legitimate international channels and then smuggled from Colombia. Within the past two years, the international community has increased regulatory controls over the manufacture and distribution of methaqualone, resulting in a shortage in the amount of bulk methaqualone powder available for illicit distribution. In the United States, the sole manufacturer of methaqualone has removed it from the licit market.

Methaqualone-related hospital emergencies and deaths also have decreased. Emergency room mentions have dropped from approximately 6,000 in 1980 to about 2,000 in 1983. In 1982 and 1983, methaqualone use declined among high school seniors, after sharp increases in 1976.

As a result of the success in limiting availability of methaqualone, Quaalude counterfeits containing diazepam (Valium), flurazepam and phenobarbital have become available in the illicit traffic during the last two years and will probably increase in 1984. Substantial amounts of these counterfeits have been smuggled into the United States from foreign sources, primarily Colombia and Canada. Additionally, current illicit sources for diazepam include diversion from legitimate distribution channels.

Stimulants

Approximately 2.8 million people used a stimulant drug for non-medical purposes in the month preceding the most recent national survey on drug use. Among high school seniors, use of stimulant drugs, which has nearly doubled since 1975, has begun to stabilize or decline slightly. Mentions of amphetamines in hospital emergency rooms declined in 1983.

The primary source for amphetamine and methamphetamine substances remains domestic illicit manufacture, with some smuggling from Mexico. Although the diversion of these substances through clinics has been highly publicized, this is a relatively minor source. In 1983, clandestine domestic laboratories produced an estimated 80 percent of the amphetamine and 95 percent of the methamphetamine available in the United States.

Hallucinogens

The most recent national survey on drug abuse (1982) indicates that almost one million Americans used hallucinogenic drugs other than marijuana within the month preceding the survey. About half of these were young adults between 18 and 25 years old. This is a significant drop of almost 900,000 users since the 1979 survey. The hallucinogenic drugs lysergic acid diethylamide (LSD) and phencyclidine (PCP) cause great concern primarily because of the bizarre and often dangerous behavior associated with their use.

Domestic clandestine laboratories produced virtually all of the LSD and PCP available in the United States. From 1976 to 1983, the popularity of LSD as a drug of choice has decreased significantly. LSD-related hospital emergencies decreased approximately 30 percent between 1982 and 1983.

The hallucinogen situation in the United States has been dominated during the last eight years by the powerful veterinary tranquilizer called PCP. The use of PCP has undergone significant changes over the last several years. Initially, use was concentrated in white, working-class communities of Detroit, Chicago, Philadelphia and Washington, D.C. Rates of PCP use fell in 1980 and 1981 because of PCP's negative reputation among users and the law enforcement successes in curtailing illicit manufacture and distribution. Use appears to have increased since then, especially among Black and Hispanic groups in New York, Los Angeles and Washington, D.C. A disturbing trend toward intravenous PCP use, frequently in combination with heroin, was noted during 1983. This development was reflected in increased PCP-related hospital emergencies and deaths.

Inhalants

Inhalants are a diverse group of chemicals that produce psychoactive (mind-altering) vapors and includes a number of common products such as aerosols, gasoline, some glues, solvents and butyl nitrites marketed as "room odorizers." Almost one and one-half million people used inhalants in the month preceding the latest survey and more than one-half were young people under the age of 18. Inhalant use among high school seniors increased slightly in 1983. Sniffing moderate amounts of inhalants for even a relatively short time can disturb vision, impair judgment, and reduce muscle and reflex control. Death from sniffing inhalants occurs suddenly, and without warning, as a result of suffocation, respiratory collapse or heart failure.

Alcohol

Alcohol is the drug which causes the greatest range of acute and chronic medical and social problems. Illegal for youth and legal for adults, alcoholic beverages are widely available and have a relatively high level of acceptance in American society. Overall, alcohol use in conjunction with other drugs is the most frequently mentioned drug in emergency room episodes and drug-related deaths. The relationship between drinking and automobile accidents is of particular concern. Alcohol-related accidents kill twenty-five thousand persons each year and are the leading cause of death for our young people between 16 and 24 years of age.

The 1984 Strategy focuses on alcohol as an illegal drug when used by youth and addresses the issues of youthful use, drunk and drugged drivers and employee assistance programs.

III. DRUG ABUSE PREVENTION

III. Drug Abuse Prevention

Introduction

The old adage, "An ounce of prevention is worth a pound of cure," is an obvious truth in the fight against drug and alcohol abuse. President Reagan has committed the Federal government to doing all in its power to encourage a vigorous national drug abuse prevention and education effort, recognizing "that as important as intercepting the drug traffic might be, it cannot possibly equal the results in turning off the customers, the users, and making them take a different course in deciding to no longer be customers." During the past three years, prevention has come to the forefront as the essential element in the long-range goal of eliminating drug abuse. Private industry, professional and civic organizations, and private citizens banding together in action-oriented groups, such as the nationwide parents organizations, have invested their time and resources in preventing drug abuse.

Only a decade ago, planning toward a society free of drug abuse was called unrealistic. Many planners focused on how society could learn to live with the effects of drug abuse. Today, it is widely believed that a drug-free society is possible. This vision is shared by people from every segment of American society, including the President and Mrs. Reagan, parents, civic leaders, business and government.

An important change is the elimination of the moral confusion previously associated with drug abuse. President Reagan pointed out the need for a strong moral foundation when he stated, "The American people today insist that judges and government officials recognize what common sense has always taught: that right and wrong matters; that individuals are responsible for their actions. . ."

There is broad consensus across the United States that drug abuse is clearly wrong and individuals who take drugs or promote drug taking by others are responsible for their actions. Drugged and drunken behavior is not acceptable in our society.

Another important factor is the change in attitude. Americans have rejected the fatalistic attitude of the Seventies which suggested that drug use was so rampant that they were defenseless to do anything about it. Individuals have begun to take responsibility for educating themselves about drug abuse and how to counter it. Parents are more aware of drug abuse and are attempting to become better informed about the problem and what to do about it. Individuals, groups and business are willing to make a commitment toward a drug-free future. Parents are willing and eager to get

involved in improving the quality of life for themselves and their children.

The positive attitudes and new knowledge are helping young people move away from drug-taking behavior and embrace positive goals such as excellence in education, physical fitness and personal integrity.

President Reagan has called on "all Americans to join the battle against drug abuse to protect our children so that we ensure a healthy and productive generation of Americans as our contribution for the future."

National Drug Abuse Prevention

The drug abuse prevention program is a nationwide activity aimed at reaching into every community, every family, every school, every business; to bring drug abuse awareness to everyone and to motivate them to participate in the fight against drugs and drug-taking behavior. Prevention includes both motivating non-users to never use drugs and convincing current users to stop drug use.

The Strategy is flexible in responding to the problems of drug and alcohol abuse and to the needs of each community and age group. Prevention programs must be designed to have meaning for individuals at dramatically different stages of readiness and desire for change. The Strategy encourages creative responses at the local level to fit each community's needs and resources with simultaneous national initiatives to raise awareness of drug abuse, mobilize citizen action and create an environment in which drug abuse is recognized as unacceptable behavior.

Drug Abuse Awareness and Education

Drug abuse problems have been described as too much awareness in young children and an absence of awareness among adults. School-age children are especially vulnerable to drug and alcohol use. A *Weekly Reader* survey of children's attitudes on drugs and alcohol, sponsored by Xerox Education Publications as a community service, revealed that many fourth graders report that children their age feel pressure to try drugs or alcohol. These results suggest that prevention programs must include children eight years old (third grade) and younger because of this early potential for experimentation.

It is important to put education in perspective. Programs in the 1970s were generally technical education efforts which focused on how to identify specific drugs and the effects on the individual. Accurate information concerning the hazards of marijuana and cocaine was not available and the government could not

communicate with young people in a credible way. These well-meaning efforts were widely criticized for "teaching young people about drugs" and "encouraging experimentation." Also, inaccurate scare tactics subjected some drug abuse avoidance themes to ridicule. Accurate and credible information is now available and education is playing a critical role in the overall fight against drug abuse.

For those individuals who have started using drugs, education provides a pathway to successful intervention and treatment by increasing the user's awareness of the risks and dangers of continuing drug abuse and helping them make the choice to stop. Education is also critical to assisting parents, educators and others in understanding the nature of the problem and how best to respond to their individual situation. Education provides a factual basis for teaching young people to develop healthy behavior which does not include drug taking and is therefore an important ingredient of prevention, which stops the problem before it exists. A major portion of the Federal research effort is directed at developing accurate, credible information and making it readily available.

Prevention programs for young children should teach positive behavior, such as constructive handling of feelings and responsibilities. Each child who never starts using drugs represents a victory. Once an individual has started using drugs, the opportunity has been lost to truly prevent his or her involvement and the focus must be shifted to intervention or finding a way to stop potentially destructive behavior. Intervention requires more effort, has less chance of success, and, even if successful, cannot undo the lost opportunities and other damage which have already occurred.

The 1984 Strategy calls for drug abuse education to be integrated into the public and private school programs, with emphasis on the destructive effects of drug use, including alcohol, on excellence in education, health and overall well-being.

The National Response

Citizens from each segment of society have recognized, along with President Reagan, that we are "running the risk of losing a great part of a whole generation" if we fail to stop drug abuse. Today, prevention and education efforts are in the hands of parent and community groups, local officials, school teachers and administrators, health care professionals and youth themselves — those closest to current and potential users and therefore those who can have the greatest influence.

Adults must meet their responsibility of providing youth with positive leadership and a sound role model. The artificial

glamorization of mind-altering and mood-changing drugs, including alcohol, confuses young people. The existence of a family liquor cabinet is often a contributor to the problem.

A key element of the 1984 Strategy is the continuing partnership between government and the private sector to bring the full range of this country's resources to bear on reducing existing drug and alcohol abuse and ultimately to provide a drug-free environment for all Americans, especially our young people.

The President and the First Lady have actively participated in numerous drug abuse prevention and education activities. They have repeatedly expressed their great concern about drug abuse and its effect on our children. Mrs. Reagan has traveled extensively to take her concern about the destructive effects of drug abuse on our children to audiences all across our country and internationally.

Parents and parent groups are especially effective in preventing the use of drugs by children. There are now more than 4,000 groups of parents across the United States devoted to stopping drug and alcohol abuse among their children and within their communities. The Parent Movement, discussed below, is an outstanding example of the effectiveness which is possible when concerned citizens gather together to address mutual problems. Throughout American society, our government, business, educational institutions, civic groups and individual citizens are continuing to organize and sponsor major drug abuse awareness and prevention activities. For example, a national prevention coalition of volunteer and private sector organizations has been formed to coordinate, expand and plan drug abuse prevention activities. Participants include the American Medical Association, International Association of Lions Clubs, National 4H Association, American Association of School Administrators, National Parent/Teacher Association, National Federation of Parents for Drug-Free Youth, Quest National Center, Association of Junior Leagues, Education Commission of the United States, Rotary International, and the Benevolent and Protective Order of Elks.

Private business has a unique capability for communicating accurate information about drug abuse in a credible way to large segments of the population. Examples of innovative prevention programs designed and sponsored by businesses include several public service announcement campaigns, a nationwide distribution of over four million special adventure comic books to elementary schools, activity books and information distribution campaigns through pharmacies. A large number of well-known corporations have sponsored and funded these efforts.

By working toward the elimination of drug abuse in the United States, the private sector is making an important investment in the future of the Nation.

Truth and Credibility

A major obstacle in fighting drug abuse is the insidious nature of experimentation, often encouraged by the commercial exploitation of drugs of abuse and the associated "drug culture." Any activity tending to glamorize drug and alcohol use must share in the blame for the dangerous health and social consequences resulting from drug abuse, particularly among our youth. Manufacturing, packaging and advertising of drug paraphernalia, so-called "look-alike" pills, and room odorizers as inhalants are examples of commercial activities which are supported by the drug abuse culture. Commercially promoted products having names of illicit drugs and publications glamorizing illicit drug use are other examples of subtle forces giving messages to youth that drug-taking behavior is socially acceptable. Sensationalized reporting by the mass media of drug and alcohol use by contemporary sports and entertainment figures also contributes to an atmosphere tending to encourage young people to experiment with drugs and alcohol.

In addition to activities which deliberately promote drug use, several terms have been commonly used in discussions of drug abuse which, whether well-meaning or intentionally misleading, foster misconceptions and hinder understanding of the nature of drug problems. To avoid misunderstanding, the Strategy discourages the use of the following terms: "recreational use" of drugs, "responsible use" of drugs and alcohol, "substance abuse," "decriminalization," "getting high" and defining drugs as "hard" or "soft."

President Reagan best described the inaccuracy of such terms in November 1983 when he said, "No longer do we think of so-called hard drugs as bad and so-called soft drugs as being acceptable. Research tells us there are no such categories; that the phrase 'responsible use' does not apply to drug experimentation by America's youth. And so far as the 'recreational use' of drugs is concerned, I've never in my life heard a more self-serving euphemism by those who support drug use. There is nothing recreational about those children whose lives have been lost, whose minds have been ruined."

Why Alcohol In A Drug Abuse Prevention Strategy?

Alcohol is a dangerous and widely abused drug. The Strategy for drug abuse prevention calls for strong support for efforts to stop alcohol use by school-age children.

- Alcohol is usually the first drug to which youth are exposed.

- Alcohol is the most frequently used drug by those under the age of 18.
- In all states, it is illegal for young people under the age of 18 to purchase alcoholic beverages.
- Alcohol is the cause of substantial physical and psychological damage.
- Alcohol is particularly dangerous when used in combination with other drugs.
- Alcohol-related accidents account for nearly half of all deaths of youth under the age of 24.

Beer, wine and liquor do not carry the same stigma as illicit drugs. Few adults think of alcohol as a drug. Parents who are careful to keep prescription drugs inaccessible to youngsters often fail to take the same care with their supply of alcoholic beverages. Ironically, parents are frequently relieved when they find that their children are intoxicated on alcohol instead of other drugs. However, use of any of these drugs presents significant hazards to our youth.

The Strategy seeks both to increase the awareness of such risks and to increase the involvement of adults in reducing these risks. The practice of encouraging drinking among youth as a marketing technique is condemned. Such practices can be reduced by increasing public awareness and visibility, including identification of the sponsors and holding them responsible. The Strategy urges the alcoholic beverage producers and distributors to police their own industry in developing and marketing their products.

Impaired driving after drinking or taking drugs is one of our Nation's most serious public health and safety problems. The Administration has embarked upon a comprehensive, community-based program to combat alcohol-related traffic fatalities. Citizen groups, such as Mothers Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID) have been a major force in fighting the senseless carnage caused by drivers impaired by the use of alcohol and other drugs.

The President's Commission on Drunk Driving, created by President Reagan in March 1982, presented its final report in November 1983. The report encouraged a systematic, integrated approach among local, state and national levels, with recommendations in the areas of enforcement, prosecution, adjudication, licensing, administration, alcohol beverage regulation, public awareness, public education, private sector activities and treatment. A National Commission on Drunk Driving has been formed

to continue the work of the President's Commission and to oversee implementation of their recommendations.

Many states have raised their legal drinking age as a result of the growing public awareness that motor vehicle accidents are the leading cause of death among young people. Further, states which have raised the drinking age have experienced a significant drop in teenage driving fatalities. In July 1984, President Reagan signed legislation which encourages states to raise their drinking age to 21. The 1984 Strategy calls for all states to establish 21 as the minimum age at which individuals may purchase, possess or consume alcoholic beverages.

Parent Groups

The nationwide Parent Movement is the epitome of national awareness and prevention with involvement by those closest to the problem. This outstanding example is exactly what the President intended when he said, "Such (grassroots) groups are almost invariably far more efficient than government in running social programs."

More than 4,000 parent groups have joined together in the National Federation of Parents for Drug-Free Youth (NFP). They have taken a no-nonsense position on youthful drug use and have brought about new laws, public policies and attitudes. For example, parents have forced the removal of drug paraphernalia from local stores, ensured that accurate information is available in schools and libraries and even supervised successful rock concerts. They have also assisted and supported law enforcement officials in reducing the availability of illegal drugs in the community.

The strength of the Parent Movement is reflected in the fact that the groups have grown with little financial support from the Federal government. Several thousand additional community groups were formed as a direct result of "The Chemical People" program, described later in this chapter. Continued growth and success of the movement is based on parents uniting with each other, knowing how their community works, and maintaining their identity as voluntary organizations.

Prescription Drugs

The abuse and misuse of legally-available drugs, such as sleeping pills, tranquilizers and over-the-counter diet aids, is a continuing concern. In the past two years, important new efforts by physicians and other health care professionals have been undertaken to reduce the inappropriate use of drugs that have legitimate medical uses.

The American Medical Association (AMA) has taken the lead in an effort to reduce prescription drug abuse. The AMA is collaborating

with the National Institute on Drug Abuse, the Drug Enforcement Administration, and the Food and Drug Administration on education and communication initiatives to ensure that health professionals make full use of available information on drug abuse research, treatment and prevention.

The pharmaceutical industry has been an active and valuable participant in the prevention effort. Sterling Laboratories is now producing Talwin in combination with naloxone, an antagonist, in order to prevent misuse of the analgesic drug. In addition, McNeil Pharmaceuticals, working with pharmacy organizations, has sponsored a nationwide awareness campaign with the local pharmacist as the focal point for information on drug abuse.

Other professionals have started prevention programs. The insurance industry has produced educational films for use by community groups. Professional periodicals, such as *Pharmacy Times* and *Medical Times*, devoted special issues during 1983 to drug and alcohol abuse. The American Academy of Pediatrics is addressing look-alike drugs. The term "look-alike" refers to tablets and capsules containing noncontrolled, over-the-counter ingredients, but which are manufactured to closely resemble, or are promoted as, highly abused controlled drugs.

The National Federation of Parents for Drug-Free Youth is opposing the continuing legality of "look-alike" drugs. The Drug Enforcement Administration has prepared model legislation to render "look-alike" drugs illegal and the NFP has been a catalyst in the passage of this model legislation in 46 states.

The 1984 Strategy emphasizes the continued need for physicians, pharmacists and other health care professionals to find ways to reduce the dangers of misuse of prescription drugs and to make people more aware of the risks involved in combining alcohol with prescription and non-prescription drugs.

The Federal Role

Chaired by the Special Assistant to the President for Drug Abuse Policy, the Working Group on Drug Abuse Health Issues under the President's Cabinet Council on Human Resources oversees the implementation of the overall Strategy to reduce drug and alcohol abuse.

The National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and ACTION are the agencies with primary responsibility for implementing Federal drug abuse prevention programs. Many other Federal agencies contribute to the prevention effort.

NIDA, the principal source for current information about the effects of drug abuse, promotes increased awareness of drug problems, sponsors research and disseminates research findings. NIDA's activities include:

- Sponsoring research surveys, such as the National High School Senior Survey and the National Survey on Drug Abuse;
- Developing and disseminating educational and media materials on the health hazards of illicit drugs for use in public information programs;
- Working with private sector sponsors, such as Blue Cross and Blue Shield Associations, to develop and disseminate materials to their constituencies;
- Providing technical assistance related to prevention planning and implementation, such as employee assistance programs; and
- Communicating the latest and most effective prevention approaches to the public and private sector.

NIAAA promotes the prevention of alcohol abuse by conducting research and sharing the most current knowledge about alcohol abuse and alcoholism with researchers, State Prevention Coordinators, practitioners, education staffs and many others. The NIAAA National Clearinghouse for Alcohol Information distributes several million publications on alcohol abuse each year. In addition, NIAAA actively participates in national meetings and seminars, professional associations, and other cooperative efforts with Federal, state and local groups.

ACTION, the Federal agency for voluntarism, supports prevention activities which stimulate the participation of volunteers and the private sector. ACTION has been working with business, the entertainment industry and voluntary associations which can assist parents who are organizing to prevent drug and alcohol abuse. Specific ACTION objectives include:

- Mobilizing private sector, public sector and volunteer efforts in drug and alcohol abuse prevention within each state;
- Assisting local citizen efforts;
- Offering technical assistance to parent groups;
- Distributing selected NIDA and NIAAA materials and developing new publications for nationwide dissemination;

- Testing models for training adult and youth groups to help create a drug and alcohol-free environment; and
- Encouraging corporate and other private sector prevention programs.

Other Federal agencies are actively contributing to the overall prevention effort. For example:

- The National Highway Traffic Safety Administration (NHTSA) is the focal point for the national effort to eliminate driving while intoxicated, including research on drug-related highway problems.
- The National Institute of Mental Health (NIMH) supports research on relationships between mental health and drug or alcohol abuse.
- The State Department's Bureau of International Narcotics Matters (INM), in cooperation with NIDA, supports international efforts to reduce the worldwide demand for drugs.
- The United States Information Agency (USIA), in its principal role of explaining U.S. policy, society and values to foreign audiences, transmits information about the efforts of the United States to eliminate drug abuse.
- The Department of Defense conducts extensive drug and alcohol abuse prevention programs for military personnel.
- The Department of Education maintains five regional training centers that have assisted school officials and parents from over 4,500 communities to develop alcohol and drug abuse programs for their schools.
- The Food and Drug Administration (FDA) directs educational efforts at the proper use of prescription and over-the-counter drugs.
- The Occupational Safety and Health Administration (OSHA) is responsible for ensuring safe and healthful working conditions in the Nation's 4.5 million workplaces.
- The Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) addresses all aspects of delinquency prevention, including drug and alcohol abuse.

- Law enforcement agencies, such as the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI) and the U.S. Customs Service, have initiated drug abuse prevention programs for youth and provided technical assistance and information concerning drug abuse to parents and the general public.

The Challenge

The drug abuse prevention program is the element in the National Strategy in which every person in our society has a unique and important role. Examples abound of individuals, organizations and businesses recognizing a need and taking action to meet it. One of the major efforts involved a simultaneous nationwide series of television broadcasts and local community events. "The Chemical People" program resulted in an unprecedented number of organized "town meeting groups" all across the Nation. The campaign was produced by WQED (a PBS station in Pittsburgh), given technical assistance from NIDA, sponsored by the National Coalition for Prevention of Drug and Alcohol Abuse and hosted by the First Lady. Over 50,000 volunteers and 35 national organizations dedicated themselves to making the project a success.

The real success is in the number of individuals and families which now have access to and are involved in a local support group. This kind of awareness and action are the keys to a successful prevention strategy.

The Strategy challenges you to learn what needs to be done and to get involved in doing it, for your family and for a better future.

IV. DRUG LAW ENFORCEMENT

IV. Drug Law Enforcement

Introduction

President Reagan established the basis for his national drug law enforcement strategy when he stated, "We intend to do what is necessary to end the drug menace and cripple organized crime. We live at a turning point — one of those critical eras in history when time and circumstances unite with the sound instincts of good and decent people to make a crucial difference in the lives of future generations."

The Administration has responded vigorously to the grave challenge posed by drug trafficking organizations. Major initiatives have been undertaken to increase the overall effectiveness of drug law enforcement through cooperation between law enforcement officials and prosecutors at every level of government.

The strong law enforcement response to drug criminals is a result of the personal leadership of the President, active coordination and direction of the Vice President, dedicated support from the Attorney General and other Cabinet Members; and the commitment, cooperation and innovation of agency officials, U.S. Attorneys and individual law enforcement officers.

The Administration has expanded Federal drug law enforcement to the highest level in U.S. history. Measured in funding, the Federal budget for drug law enforcement will exceed \$1.2 billion in Fiscal Year 1985, a 75 percent increase since 1981. The Drug Enforcement Administration has been strengthened, and the Federal Bureau of Investigation, the Department of Defense, the Coast Guard, the Internal Revenue Service, the Customs Service and others have expanded their efforts, bringing additional resources to bear on the broad range of criminal activities associated with illegal drugs.

Cooperation and coordination among Federal, state and local law enforcement agencies have been facilitated by major Administration initiatives to coordinate and target available resources in areas critical to an effective national drug enforcement effort. These initiatives include the South Florida Task Force, Organized Crime Drug Enforcement Task Forces in 13 locations throughout the Nation, the National Narcotics Border Interdiction System, the Law Enforcement Coordinating Committees in 94 Federal judicial districts, and the Domestic Marijuana Eradication Program.

The 1984 Strategy continues the goal of bringing to bear the full range of Federal, state and local government resources on stopping the drugs, wherever they are grown, processed, transported and used, and apprehending and prosecuting those responsible for transporting and distributing illicit drugs, as well as the financiers and organizers.

The Strategy emphasizes cooperation between law enforcement officials and prosecutors at all levels of government to achieve prompt and certain justice in prosecuting drug traffickers, seizing their assets, and destroying their criminal organizations. As a major part of the Administration's crack-down on crime in the United States, the Strategy requires aggressive investigation and prosecution of all criminal activities associated with drug trafficking, domestic and international.

The 1984 Strategy provides a flexible framework which is responsive to local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area. All Federal agencies are expected to actively seek ways in which they can improve their contribution to the overall reduction of drug abuse, including encouraging broader intergovernmental cooperation and seeking additional ways to expand and enhance deterrence and prevention efforts.

Objectives

The role of drug law enforcement is to reduce the availability of illicit drugs in the United States. The high visibility of law enforcement operations and the public support for strong law enforcement also deters potential law-breakers and contributes to drug abuse prevention. The Strategy objectives for drug law enforcement are:

- Aggressive investigation and prosecution of the full range of criminal activities associated with drug trafficking organizations, with emphasis on a full-scale attack on the financial aspects of drug trafficking;
- Strong, coordinated anti-smuggling activities;
- Elimination of the production of illicit drugs in the United States, including the cultivation of cannabis (marijuana);
- Reducing the diversion of legitimate drugs to illicit uses;
- Improving collection, analysis and dissemination of accurate and timely intelligence concerning illicit drug production and drug trafficking;
- Swift and just punishment of individuals involved in drug trafficking and related criminal activities;
- Improving cooperation and coordination among Federal, state and local law enforcement agencies; and
- Full involvement by all levels of law enforcement in contributing to drug abuse awareness and prevention.

Leadership and Coordination

The major expansion of Federal drug law enforcement during the past three years includes new systems for developing and coordinating policy and operations. The President has assigned special responsibilities to the Vice President, provided for direct Cabinet involvement through both the Cabinet Council on Legal Policy and the Executive Board of the National Narcotics Border Interdiction System, and designated a personal adviser to provide policy advice and oversight of the overall national drug abuse program.

President Reagan has launched several major initiatives to restructure and strengthen the national drug law enforcement effort. In early 1982, he established the South Florida Task Force, a massive effort in interdiction, investigation and prosecution headed by Vice President Bush in the South Florida area. To provide similar interdiction coordination on a national basis, the National Narcotics Border Interdiction System (NNBIS) was established by President Reagan on March 23, 1983. The Vice President chairs the cabinet-level NNBIS Executive Board which coordinates the activities of those Federal law enforcement agencies with responsibilities for interception of seaborne, airborne and cross-border smuggling of illicit drugs.

The Attorney General serves as chairman of the Cabinet Council on Legal Policy and, as the Nation's chief law enforcement officer, is responsible for the Federal drug law enforcement investigative and prosecutorial programs. The Attorney General has established Law Enforcement Coordinating Committees (LECCs) in all 94 Federal judicial districts to focus Federal, state and local investigative and prosecutorial resources on the most serious crime problems in the district. Nationwide, the LECCs have identified drug trafficking as their highest priority.

In October 1982, President Reagan announced a major national program headed by the Attorney General to combat drug trafficking by organized crime. The President's eight-point program included regional Organized Crime Drug Enforcement (OCDE) Task Forces, a Presidential Commission on Organized Crime, a Governors Project to enlist the 50 state governors in the united campaign against drug trafficking and organized crime, specialized training for state and local law enforcement officials, the provision of new jail and prison spaces, and legislative initiatives to effect passage of critical criminal law reform.

The Strategy recognizes that law enforcement agencies working together often can accomplish more than the same agencies working separately. The Organized Crime Drug Enforcement program brings

together the agencies' resources and expertise in a comprehensive attack on major drug trafficking organizations. Thirteen enforcement task forces have been established whose mission is to identify, investigate and prosecute high-level members of drug trafficking enterprises. Twelve of the Organized Crime Drug Enforcement Task Forces are fully operational. On October 1, 1984, the Florida/Caribbean task force will become operational, completing the program staffing.

The Threat and the Response

Drug trafficking is sophisticated and complex. A wide variety of drugs are involved, most with several international sources. The traffic in illicit drugs not only violates drug laws but also involves numerous other criminal activities, including racketeering, conspiracy, bribery and corruption of public officials, tax evasion, banking law violations, illegal money transfers, import/export violations, crimes involving firearms, and crimes of violence. The wide range of illegal activities presents an equally wide range of vulnerability to law enforcement action.

Fundamental to the overall Strategy is the Federal responsibility for the investigation and prosecution of high level drug traffickers and the destruction of their criminal activities. The Strategy continues to emphasize expanding the involvement of every Federal enforcement agency which has any capability for contributing to the fight against drug abuse, including support to drug abuse prevention programs. Fourteen Federal agencies are involved in the drug law enforcement effort, along with approximately 14,000 state and local law enforcement agencies and numerous counterpart organizations in source and transshipment countries.

The 1984 Strategy calls for all Federal managers and employees to seek continuing innovation in expanding the use and enhancing the effectiveness of all available government resources and jurisdictions in investigating and prosecuting illegal drug activities. Private citizens are encouraged to demonstrate their concern and support for strong law enforcement, including the reporting of illegal drug production, sales or use to their local law enforcement agency.

Principal Federal Agencies, Roles and Missions

Drug Enforcement Administration (DEA). As the designated lead agency, DEA is responsible for providing central leadership, management and coordination for intelligence and investigative functions relating to the suppression of illicit drugs. DEA responsibilities include:

- Investigation and preparation for prosecution of suspects connected with illicit drug trafficking;
- Coordination and cooperation with other Federal agencies, state and local law enforcement agencies, and foreign drug law enforcement agencies;
- Regulation of legitimate manufacture and distribution of controlled substances;
- Management of a drug intelligence reporting system concerning illicit drug production and trafficking and the extent and nature of drug abuse in the United States, in cooperation with the health institutes; and
- Maintenance and reporting of statistics regarding all Federal illicit drug seizures.

Federal Bureau of Investigation (FBI). On January 21, 1982, the resources available to the Federal investigative effort were expanded significantly when the Attorney General assigned to the FBI concurrent jurisdiction with DEA to investigate drug offenses and assigned to the Director of the FBI general supervision over drug law enforcement efforts and policies. The FBI has added emphasis on drug trafficking involvement by organized crime and conducts court authorized electronic surveillance and drug-related financial and public corruption investigations. The organized crime investigations also involve international operations and the FBI has placed additional assistant legal attaches overseas to coordinate with foreign authorities in pursuing direct ties between organized crime figures in the United States and other countries. The FBI legal attaches have also made substantial contributions in international money laundering investigations.

U.S. Customs Service. The U. S. Customs Service is responsible for the processing and regulation of people, carriers, cargo, currency and mail which pass into and out of the United States. As the primary defense along our borders for detecting and intercepting drugs being smuggled into the country, Customs has developed innovative inspection, air and marine interdiction programs and works closely with DEA in the development of intelligence and other cooperative drug enforcement efforts. In addition, Customs authority for enforcing laws related to the illegal transfer of currency across U.S. borders has proven to be an effective weapon in the fight against drugs. To facilitate the use of Customs resources, the Attorney General authorized Customs agents to conduct drug investigative activities in certain situations. The Customs Service is also active in international activities, maintaining offices in selected locations overseas and

developing bilateral agreements with foreign customs services for reciprocal customs assistance, including intelligence sharing.

United States Coast Guard (USCG). The USCG is responsible for enforcing Federal laws on the high seas and navigable waters of the United States and its possessions. The USCG has expanded efforts directed against maritime drug smugglers. Other interdiction operations have been successfully completed within the territorial waters of several Caribbean Basin countries in cooperation with the responsible governments.

Other Agencies. Other Federal agencies are actively contributing to the overall drug law enforcement effort. For example:

- The *Internal Revenue Service (IRS)* supports drug law enforcement by pursuing income tax violations and money laundering related to the financial aspects of illegal drug trafficking. Because financial investigations are often the only way government can reach the upper echelons in criminal organizations, the IRS has been effective against high-level traffickers, corrupt bankers and financiers.
- The *Bureau of Alcohol, Tobacco and Firearms (BATF)* is pursuing drug-related violations of Federal law concerning firearms, destructive devices and explosives.
- The *Federal Aviation Administration (FAA)* assists in pinpointing and intercepting airborne drug smugglers by enhanced use of radar, posting aircraft lookouts and tracking the movement of suspect aircraft through air traffic control centers.
- The U.S. Border Patrol of the *Immigration and Naturalization Service (INS)*, which is responsible for control of illegal entry of persons along our borders, and assists in apprehending smugglers.
- The *U.S. Marshals Service* fills an essential support function in drug law enforcement as custodian for Federal prisoners and for the vast amounts of seized property awaiting forfeiture, and through special programs such as the Witness Protection Program and the Fugitive Investigations Program.
- *U.S. intelligence community agencies* are providing critical assistance to drug law enforcement by supplying intelligence concerning the international aspects of drug trafficking.

- As a result of Congressional approval in 1981 of an exception to the Posse Comitatus Act, the *U.S. Armed Forces* are assisting in the drug interdiction effort. The military services are providing support in the form of equipment, intelligence and training. The *Department of Defense* (DOD) has taken an aggressive role, consistent with national security responsibilities, in providing support to civilian law enforcement efforts.

Financial Investigations and Asset Forfeiture

The 1984 Strategy establishes a high priority for pursuing the financial aspects of drug trafficking, including use of criminal and civil forfeiture laws, currency laws, tax laws and international agreements against tax evasion and money laundering.

The criminal forfeiture provisions of the Racketeer Influenced and Corrupt Organization (RICO) and the Continuing Criminal Enterprise (CCE) statutes and the administrative forfeiture provisions authorized under the Controlled Substances Act are used by DEA and the FBI in combating organized crime and drug trafficking. These laws are especially effective against high echelon criminal elements who are isolated from the actual distribution of drugs, but who direct, control and profit from the drug traffic.

The Internal Revenue Service investigates tax evasion related to the tremendous revenues generated by the illicit drug traffic. The IRS also conducts investigations of the flow of funds earned by drug traffickers and of the attempts by money laundering specialists to hide the profits through highly sophisticated and intricate schemes. The Customs Service investigates the unreported transfer of large amounts of currency across U.S. borders in violation of currency reporting requirements. Customs also makes extensive use of seizures and forfeiture authority, directed at smuggling and currency violations.

State and foreign governments are encouraged to adopt and use powerful criminal and civil forfeiture laws to combat organized crime and the drug traffic. Thirty-six states have adopted all or some aspects of a model criminal forfeiture law developed by DEA. States are encouraged to use the money derived from asset forfeiture to construct and operate prisons to handle the increase in prisoner population. It should be noted that over 65 percent of the prisoners in Federal prisons are incarcerated for violations associated with drugs and alcohol.

Supporting the priority on financial investigations, the Departments of Justice and Treasury are working with the Department of State to enlist the cooperation of foreign governments, particularly where bank secrecy laws are involved. An

agreement has been reached with Switzerland and, through the good offices of the British Government, with the Cayman Islands. Similar agreements should be negotiated with Panama and other international banking centers.

Drug Interdiction and Border Control

President Reagan has called for a "border policy that will improve detection and interception of illegal drug imports. This will include the use of available military resources for detection whenever necessary." Border interdiction is an essential element of the drug law enforcement strategy. Effective interdiction of drugs disrupts the illicit supply and provides intelligence and evidence which can lead to the destruction of major drug trafficking organizations. In addition, effective interdiction demonstrates to the international community that we are committed to stopping drug abuse in the United States.

The borders of the United States present a difficult control problem in the 96,000 miles of land border and coastline in addition to the many internal ports of arrival for international air cargo and travelers. Large numbers of people and conveyances cross these borders each year: over 309 million legal travelers, 50,000 vessels, 13 million tons of containerized cargo, and thousands of small vessels and general aviation aircraft. All of these persons and conveyances are subject to inspection by the U.S. Customs Service and the Immigration and Naturalization Service. A balance is sought in inspections: a sufficiently high level of inspection to deter drug smuggling while also facilitating legitimate entry.

The challenge is to even the odds posed by logistics and the covert nature of drug smuggling. Coordination and cooperation are vital ingredients in accomplishing that objective. The border program emphasizes major cooperative interdiction efforts which utilize all available resources, including enhanced intelligence and military support, to detect and intercept illicit drugs before they are smuggled into the United States.

Interdiction activities on the high seas, along U.S. borders, and at ports of entry have been expanded significantly, both in the priority use of resources and advanced technology for detection and apprehension. Coordinating mechanisms have been established and investigative and intelligence followup expanded. The South Florida Task Force, headed by Vice President Bush, demonstrates what can be accomplished when the various agencies join forces in a unified attack on the drug traffic. The creation of the Task Force represented an immediate response to the burgeoning problem of illegal drugs entering the United States by air and sea in South Florida and of escalating incidents of violence perpetrated by the organized crime

groups operating in the area. Since February 1982, the BATF, Coast Guard, Customs Service, DEA, FAA, FBI, INS, U.S. Attorneys Office, Department of Defense, and state and local authorities have each brought their unique resources, jurisdictions and expertise to the effort, which also included temporary augmentation of the judicial system.

On October 2, 1982, President Reagan said, "We're undertaking a narcotics policy that might be termed 'hot pursuit.' We're not just going to let them go somewhere else; we're going to be on their tail." The intensity of the enforcement effort in South Florida changed many of the trafficking routes and methods used by smugglers in that area.

The coordinated interdiction effort was expanded to all borders of the United States on March 23, 1983 when the President created the National Narcotics Border Interdiction System. NNBIS is not an operational agency, but was established to oversee and coordinate the border interdiction operations of the several involved Federal agencies. Operational coordination at a regional level is provided by six regional NNBIS Operations Centers, which are staffed by personnel from the Coast Guard, Customs Service, DEA, FBI, INS, Marshals Service, the military services and the intelligence community. Local law enforcement is also represented in the Miami, New Orleans, El Paso and Long Beach centers.

Military Support of Drug Law Enforcement

While military personnel are prohibited from engaging directly in civilian law enforcement, e.g. search, seizure, etc., legislation enacted in December 1981 allows the use of available military resources in furnishing information and equipment support to civilian law enforcement agencies, providing that such support does not adversely affect military readiness. The military services have expanded their support of border interdiction efforts and a coordinator has been assigned within the Office of the Secretary of Defense.

Navy and Air Force radar aircraft are flying surveillance missions to detect drug traffickers offshore in support of the Coast Guard and Customs Service. Navy ships operating in coastal waters are constantly vigilant for suspect vessels and some carry Coast Guard tactical law enforcement teams which board suspect vessels. The U.S. Marine Corps has been operating aircraft for night-time detection of drug smugglers. Air Force aircraft are flying frequent training missions in support of the drug enforcement community. The Air Force provided the Customs Service access to all information obtained from the combined Air Force/FAA Joint Surveillance System and from two balloon-borne radars which provide coverage off the Florida Coast.

Two Air Force helicopters support a highly successful joint interdiction effort conducted by the Bahamian and United States Governments. The Army has loaned aircraft to the Customs Service, including the state-of-the-art UH-60 (Black Hawk) helicopter and assists Customs in the southwest border region by sharing information obtained during training missions. The Strategy calls for continuing cooperation and support from military resources, consistent with national security readiness requirements.

Areas for Special Attention

The Strategy calls for additional law enforcement attention, including research and development, in the areas of:

- Detection of illegal drug shipments in legitimate cargo;
- Added deterrents to smuggling by general aviation aircraft, including stronger penalties for violators;
- Denying entry visas to any foreign national who has a drug violation or is involved in drug trafficking;
- Use of all potential sources in collection of interdiction intelligence, both in foreign countries and within the United States;
- Improved detection capability throughout our border areas against attempted intrusions by air, land and sea; and
- An expanded coordinating role for the El Paso Intelligence Center (EPIC).

An area which has not received the full attention of law enforcement agencies is the transportation of illicit drugs within the United States. Large drug shipments which enter the United States must be transported to their destination via the Nation's highways or by air, rail or other means of transportation. The States of New Jersey and New Mexico have pilot programs directed toward drug shipments on major highways. The 1984 Strategy calls for Federal agencies to work with state and local officials whenever possible to assist them in developing innovative programs to detect and intercept illicit drug shipments in transit within the United States.

National Training Center

On March 22, 1983, the Attorney General and the Secretary of the Treasury signed an agreement establishing the National Center for State and Local Law Enforcement Training at the Federal Law Enforcement Training Center (FLETC) located in Glynco, Georgia. The

Center supplements other training programs provided by the BATF, Customs, DEA and FBI and includes instruction in combatting drug smuggling and other illegal activities associated with organized crime. Approximately 1,000 state and local law enforcement officers completed training during the Center's first nine months of operations.

United States Attorneys

The United States Attorneys conduct the prosecution in Federal Court of drug trafficking and connected illegal activities. In addition, the United States Attorneys provide coordination of major drug investigations to ensure that the court cases produced will be successfully prosecuted.

The U.S. Attorneys have established Law Enforcement Coordinating Committees in Federal judicial districts at the direction of the Attorney General. These are the primary mechanisms for ensuring an effective balance between regional and national priorities and resources. Through the LECCs, the heads of Federal, state and local law enforcement and prosecutorial agencies collectively assess the crime problems in each district and determine how best to use available resources to attack those problems. Cross-designation of local prosecutors as Federal prosecutors is now a frequent occurrence in cooperative investigations and prosecutions. Several U.S. Attorneys are sponsoring major drug abuse prevention programs within their districts.

The Strategy calls on prosecutors at all levels of government to aggressively prosecute drug criminals and to present drug cases in the Federal, state or local judicial system best suited to provide swift and certain justice.

Domestic Cannabis Eradication

An integral part of the National Strategy is the eradication of illicit drugs wherever cultivated or processed. Domestic cultivation of cannabis was estimated to supply 1,500 metric tons or 11 percent of the marijuana available in the United States in 1983. Some marijuana production occurs in every state and this illegal activity breeds contempt for the law, threatens public safety, and creates the potential for violence and public corruption. Even the sensationalism surrounding illicit cannabis cultivation has been detrimental to the drug abuse prevention program, with greatly exaggerated estimates of commercial value of illicit cannabis cultivation being argued by pro-drug elements as justification for legalization.

Even though current domestic production is a relatively small part of the overall supply, a strong eradication program is necessary so

that the success in reducing supplies from foreign areas will not be offset by increased production from domestic sources. Further, the United States has undertaken a vigorous foreign policy to encourage other nations to meet their drug control responsibilities under the Single Convention on Narcotic Drugs of 1961. The United States has an obligation, as a signatory to the treaty, to set the example for its own citizens and for the international community.

Domestic cultivation of cannabis requires the attention of all levels of government; however, the nature of domestic production places it primarily within the jurisdiction and capabilities of state and local authorities. To assist these local efforts, the Federal government provides advice, coordination and technical support. Federal agencies eradicate cannabis cultivation on Federal lands. The Federal government also directly prosecutes cases of commercial cultivation where major drug traffickers are involved or where state penalties are inadequate in the particular situation. Using the most sophisticated detection technology, Federal agencies develop intelligence on the location of cultivation sites and on production and distribution systems. This information is furnished to state and local law enforcement officials.

The DEA coordinates the national Domestic Marijuana Eradication and Suppression Program which promotes information sharing and provides training, equipment, investigative and aircraft support to state and local enforcement officers. The U.S. Forest Service and the Bureau of Land Management are involved in a major effort to eradicate cannabis being cultivated on Federal lands.

The use of herbicides for the eradication of cannabis is encouraged whenever feasible and environmentally sound. Despite concern regarding the possible health consequences of using herbicides on cannabis, not one case of health injury attributed to the presence of herbicide in a marijuana cigarette has been found. However, the serious health problems caused by marijuana itself are well documented. Therefore, the Administration is committed to eliminating the production of marijuana in the United States and supports the eradication of the cannabis plant by appropriate means, including chemical herbicides.

The seriousness with which Federal authorities view the domestic production of marijuana is well illustrated by the fact that a 1983 case, involving four growers and approximately 4,400 cannabis plants, was personally prosecuted by the United States Attorney in Sacramento, California.

The 1984 National Strategy calls for continued strengthening of the national eradication program through training, technical assistance and intelligence support. The Strategy calls for concerned private citizens to report the location of suspected marijuana

production to their local law enforcement agency. The Strategy also calls for strong penalties for those who are producing or selling marijuana.

Diversion Control

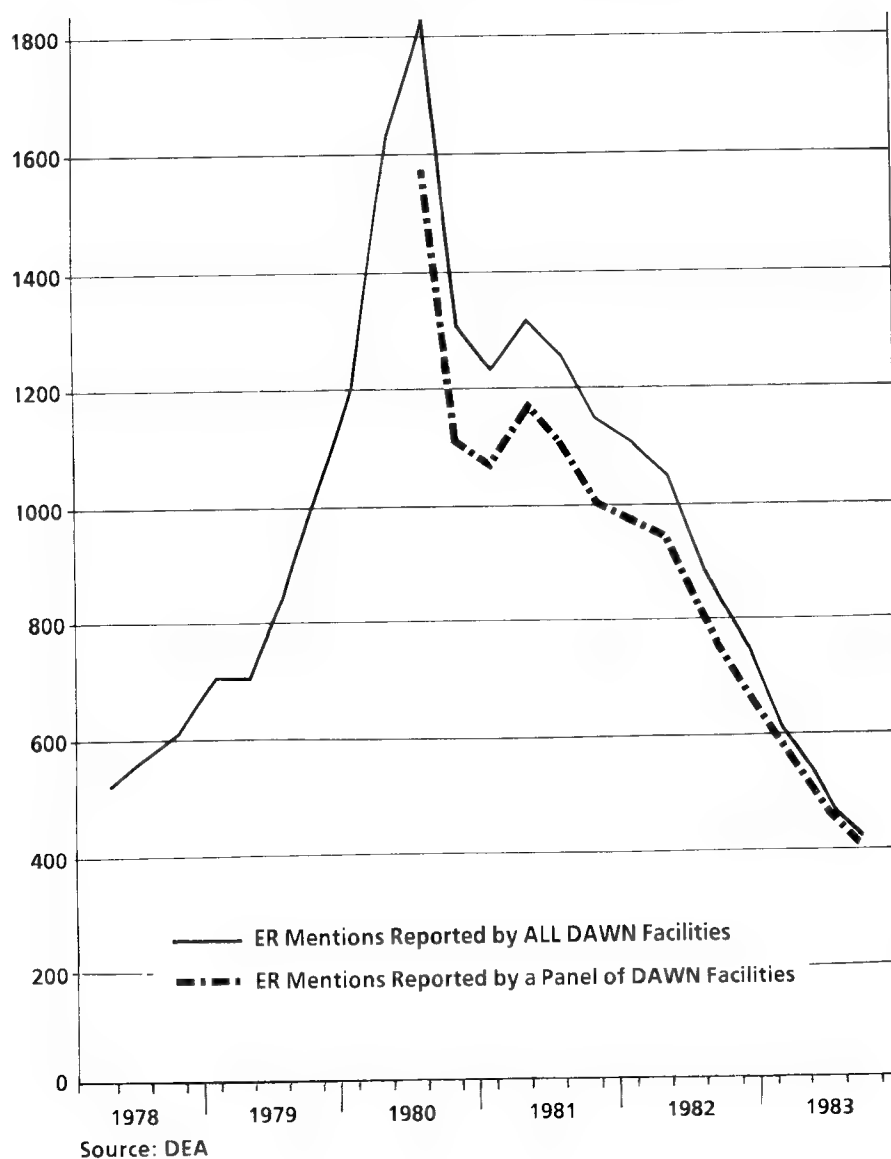
The misuse of legitimate drugs is a major cause of drug-related medical emergencies and deaths, particularly when used in combination with alcohol. Several drugs are involved and the numerous potential sources of these drugs are almost as varied as the substances abused. The drugs may be obtained from the family medicine cabinet or misused following legitimate prescription, diversion from legitimate manufacturing and distribution channels, theft and illegal dispensing by unscrupulous practitioners. The popularity and marketability of certain types of these drugs, such as methaqualone and methamphetamine, have resulted in large-scale clandestine manufacture or diversion into international trafficking channels.

The Administration's efforts to stem the diversion of pharmaceutical drugs have met with considerable success during the past three years. Reductions in the illicit manufacture and diversion of methaqualone (Quaaludes) have been especially notable. In 1979, methaqualone, a powerful addicting sedative/hypnotic used in medicine to treat insomnia, became a fast-growing U.S. drug abuse problem affecting mostly middle class teenagers and young adults. The drug was being manufactured in the United States and produced widely overseas, with major illicit diversion and subsequent smuggling into the United States. An extensive effort, using diplomatic channels and law enforcement operations and supported by the United States Congress, persuaded numerous foreign countries to cooperate. Law enforcement efforts simultaneously cut the illicit production of the drug in the United States. As a result of this comprehensive effort, illicit methaqualone has nearly disappeared from the traffic in 1984 compared to 1980 when an estimated 120 to 150 metric tons were smuggled into the United States. During this same period, the U.S. manufacturers have voluntarily taken licit methaqualone off the market.

The following chart demonstrates the remarkable change in hospital emergency room mentions associated with methaqualone.

Methaqualone

Emergency Room Mentions, 1978-1983 (by Quarter)



The diversion of other controlled pharmaceutical drugs from legitimate uses into the illicit drug traffic and the illegal manufacture

and distribution of such substances continue to be serious law enforcement concerns. DEA enforces the Controlled Substances Act and works with other Federal agencies, such as the National Institute on Drug Abuse, the Food and Drug Administration and the Department of State, and with state and local authorities to develop and administer appropriate quotas, scheduling of drugs and other controls which will prevent diversion, while at the same time ensuring that adequate quantities of these drugs are available for legitimate medical uses. Increased emphasis is being placed on criminal investigation of health care professionals who are trafficking in drugs. There has been notable success in the investigation of "storefront" medical clinics and "stress clinics."

Special programs, such as the Targeted Registrant Investigations Program (TRIP), have been implemented to stop the increasing problem of practitioner diversion and to develop high-impact criminal investigations of major practitioner violators. In addition, DEA has been working with the American Medical Association to aid the states in identifying the nature, magnitude and source of prescription drug diversion and abuse within their jurisdictions.

President Reagan has submitted legislation to Congress containing Diversion Control Amendments which will, among other things, strengthen the ability of the Federal government and the states to deal with the diversion of pharmaceutical drugs. Passage of this legislation will provide opportunities for innovative action. Additionally, President Reagan signed into law on May 30, 1984 legislation which makes theft of drugs from pharmacies or medical professionals a Federal crime.

Clandestine Laboratories

Clandestine laboratories supply all of the hallucinogens, nearly all of the methamphetamines and about 80 percent of the amphetamines available on the U.S. illicit market. Detection of clandestine drug manufacturing operations is the joint responsibility of Federal, state and local law enforcement.

A system for monitoring precursor chemicals required for the production of illicit dangerous drugs is well established, including ongoing liaison with and the voluntary compliance and support of precursor manufacturers and distributors. In the past two years, several initiatives have been undertaken to improve the effectiveness of this system. A Precursor Chemical Information System was developed and programmed to automate information resulting from the precursor reporting system and case information. In 1983, a working group representing DEA Agents and Chemists, FBI Agents and local police developed 30 items to improve safety, health and

investigative technology for detection and dismantling of clandestine laboratories.

The 1984 Strategy calls for increased Federal, state and local law enforcement action against clandestine laboratories. Efforts should include sharing information and technical assistance, as well as continued cooperation in the investigation and prosecution of major violators.

Drug Intelligence

Timely and reliable intelligence on drug abuse, drug production and drug trafficking enhances the effectiveness of the numerous elements involved in implementing the National Strategy. Strategic intelligence, which represents our collective knowledge and experience concerning drug trafficking and abuse trends, identifies those areas and activities upon which anti-drug resources can have the greatest impact. Essential to policy development, strategic intelligence also provides the framework within which individual agencies may more effectively deploy resources and plan operations. Operational intelligence identifies specific individuals and organizations responsible for the importation and distribution of illicit drugs, defines the extent of their criminal activity, and, as a by-product, provides valuable details on drug trafficking organizations. Tactical intelligence provides information concerning anticipated drug or drug-related criminal acts so that enforcement agencies can take effective action.

Executive Order 12333, signed by President Reagan on December 4, 1981, increased intelligence collection resources available to the anti-drug effort by authorizing the U.S. intelligence community, in accordance with law, to collect, produce and disseminate intelligence on the foreign aspects of narcotics production and trafficking. Intelligence community support has increased the accuracy of strategic drug intelligence and added an important new dimension to efforts against the international drug traffic.

Traditionally, the United States has established a clear separation between foreign intelligence activities and intelligence collection within the United States. However, narcotics law enforcement intelligence must include both foreign and domestic intelligence information because of the nature of illicit drug trafficking. Therefore, DEA was assigned responsibility for developing and managing a national narcotics intelligence system in cooperation with Federal, state and local authorities and with foreign law enforcement officials. The system must meet the needs of a wide range of public and private sector consumers, including law enforcement officers, diplomats, managers, policy makers, legislators and the public.

To provide the best features and capabilities of both foreign and domestic intelligence, the National Narcotics Intelligence Consumers Committee (NNICC) was established. The NNICC is the primary vehicle at the national level for the review and dissemination of strategic drug intelligence. The 11-agency NNICC works with the U.S. foreign intelligence community in developing an annual report on the production, supply and consumption of illicit drugs entering the U.S. market and the money associated with this traffic. The annual report is the result of a coordinated interagency effort to collect, analyze, evaluate and disseminate drug intelligence in an authoritative way.

The El Paso Intelligence Center (EPIC) is the national center for drug interdiction and other border enforcement information. Agencies participating in the 24 hour daily operation of EPIC, managed by DEA, include BATF, Coast Guard, Customs, FAA, FBI, INS, IRS and the Marshals Service. Additionally, law enforcement agencies from 49 states are members and share information with EPIC.

Other intelligence activities supporting drug law enforcement include the Treasury Financial Law Enforcement Center, the Coast Guard's Inter-American Maritime Intelligence Network and others.

An effective intelligence system is itself a source of coordination for the drug law enforcement effort and contributes to effective enforcement action and sound policy development. The 1984 Strategy emphasizes continued refinement of the intelligence necessary to support investigative and interdiction priorities, diplomatic initiatives and international drug control programs, policy formulation, management and the development of future national strategies against drug abuse and drug trafficking.

The 1984 Strategy also calls for the DEA, as lead agency, to develop objective statistical means for central reporting of the accomplishments of the Federal government in drug law enforcement and prosecution, including establishing a central system for maintenance and timely dissemination of statistics regarding drug seizures by Federal agencies.

Criminal Justice

The ultimate test of the effectiveness of the drug law enforcement effort rests with the Nation's judicial and penal systems. On September 21, 1981, President Reagan told the International Association of Chiefs of Police: "There has been a breakdown in the criminal justice system in America. . . All too often repeat offenders, habitual law breakers, career criminals, call them what you will, are robbing, raping and beating with impunity and, as I said, quite literally getting away with murder." Since the beginning of his

Administration, President Reagan has worked to correct this imbalance in our criminal justice system.

A fundamental challenge is posed to our government and our society if criminals are permitted to exploit the very provisions of our criminal justice system which were designed to protect the innocent. The lack of a strict standard of justice for convicted criminals negates the efforts of state, local and Federal law enforcement officers and prosecutors; undermines the strength of our international initiatives to eliminate the production and transshipment of illicit drugs; and erodes the effectiveness of citizen efforts to reduce the demand for drugs. Meeting the challenge requires the cooperative resolve of the three branches of government and citizens from every segment of our society.

To the extent possible, weaknesses in our legal system must be corrected by legislative action. On October 14, 1982, as part of his major eight-point program against organized crime and drug trafficking, President Reagan announced that the Administration would open a new legislative offensive designed to provide critical criminal law reforms. On March 16, 1983, President Reagan submitted to Congress the Comprehensive Crime Control Act of 1983. This omnibus criminal justice proposal consists of urgently needed reforms of criminal statutes which would enable the United States to fight a more effective war against all forms of crime and particularly against organized crime and drug trafficking. The full support of our citizens and the cooperation of the Congress in reforming our criminal justice laws will greatly enhance the effectiveness of drug law enforcement.

The judicial branch of government also has a critical role to play in deterring drug trafficking and related crime. Judges, probation officers and parole boards should give full recognition to the seriousness of drug offenses. Judges should provide for strict sentencing, to include just punishment for first offenders in drug trafficking cases.

Community Action

The law enforcement community shares the responsibility with other citizens and government officials in working "to make a crucial difference in the lives of future generations." Long-term success in stopping drug abuse and drug-related crime in our society depends upon action by all segments of our society to make drug abuse unacceptable behavior and eliminate the demand for illegal drugs.

Law enforcement officials throughout the country have long recognized the important role they play in supporting parents, teachers and other concerned citizens who are working to reduce the demand for drugs. Law enforcement officers have special expertise

and information to help private groups deal with drug abuse and drug dealing in their communities. The Customs Service, DEA and FBI are sponsoring prevention initiatives including assistance to parent groups; the development and dissemination of special publications; and encouraging professional athletes both to eliminate drug abuse in professional sports and to participate in the prevention effort by providing healthy role models for our Nation's youth. In addition, law enforcement agencies are actively working with health care professionals to prevent the diversion of legitimate drugs to the illicit drug traffic and the misuse of pharmaceuticals after legitimate prescription.

The reverse is also true. Support from the private sector is important in the fight against crime. Individual citizens are supporting strong law enforcement through their Federal and state congressional representatives and by learning about the drug problem and what they can do to stop it in their communities. Parents have formed "court watch" groups designed to ensure strict and uniform punishment for drug offenses.

Our Most Powerful Weapon

The story behind the South Florida Task Force exemplifies the ability of government and private citizens, working together, to end the drug problem and cripple organized crime. The Task Force was initiated in response to the citizens of South Florida — citizens who took strong personal action to rid their community of the rampage of violence brought by the drug traffic. Their effectiveness in accomplishing what seemed impossible was described by President Reagan on November 17, 1982 in a speech to the Miami Citizens Against Crime, "Through a wide range of self-help measures, you mobilized all the resources of home, neighborhood and community for the battle against drug smugglers and their criminal associates. And in doing all this, you tapped the real strength of our political system — the spirit, energy and will of everyday people who, acting through their private social institutions as well as their political system, achieve far more than any government planner or bureaucratic dreamer could ever hope to achieve."

V. INTERNATIONAL COOPERATION

V. International Cooperation

Introduction

President Reagan has fulfilled his pledge to establish "a foreign policy that vigorously seeks to interdict and eradicate illicit drugs, wherever cultivated, processed or transported." Our international narcotics control program is an integral part of the total effort by the U.S. Government to stop drug abuse by reducing both availability and use of illicit drugs in the United States. Fundamental to the overall supply reduction effort is eliminating illegal drugs as close to their source as possible.

The international response to our policy of "get tough on drug criminals" is encouraging. Key source and transit countries have initiated aggressive efforts to stop drug production and trafficking.

Major law enforcement and eradication initiatives have begun in Colombia and Peru; Pakistan has taken steps to gain control over opium production in all jurisdictions, including nominally autonomous tribal areas; and Burma and Thailand's military forces have attacked opium traffickers in their border areas. Italy has established laws to seize and forfeit illegal drug profits; and Canada, Malaysia, Hong Kong, Singapore and Thailand are pursuing similar legislation. A mutual assistance treaty between the United States and Switzerland provides for exchange of banking information; similar treaties are being negotiated with Colombia and Italy and are under discussion with Panama, Jamaica and the Netherlands Antilles.

The response by other nations to the efforts of the United States is evidence of the growing understanding that drug abuse is truly an international problem, with adverse social, political, and economic impacts on producer and transit nations, as well as on the consumer nations.

Achieving control of illicit production is a formidable challenge because the worldwide supply of marijuana, cocaine, heroin and other drugs is large and complex. Production sites are widely distributed and often found in areas which are not policed or effectively controlled by the central government.

The 1984 Strategy of the United States continues a multi-faceted approach encompassing the international aspects of drug abuse:

- The cultivation, production and distribution of licit and illicit drugs;
- The flow of profits associated with illicit drugs, including the laundering of illicit profits through the legitimate banking and commerce systems, the use of narcotics

profits to support political insurgencies, and the use of such profits to promote other criminal activities; and

- The effects of the drug trade and drug abuse on other countries as well as the United States.

The U.S. international narcotics control program is based on convincing foreign governments to control cultivation, production and refining of illicit drugs, and to assist in narcotics control by providing aid for crop control and other law enforcement activities, complemented where appropriate by developmental activities.

The international program is designed to spur mutual concern and shared responsibility that will provide long-term improvement, both in the availability of a wider range of resources from a greater number of donor nations and in diplomatic initiatives which promote the political will necessary to control drugs.

The Strategy calls for leaders and governments worldwide to condemn illegal drugs and to take aggressive action to stop production, transport and use of such drugs. Where it is necessary and appropriate, the Strategy calls for U.S. decisions on foreign aid and other matters, such as refinancing of debt, to be tied to the willingness of the recipient country to execute a vigorous enforcement program against narcotics traffickers, including the people associated with producing, transporting or profiting from illegal drugs.

The financial aspects of the illicit drug traffic are as damaging as the production and smuggling of the illegal drug material. The multi-billion dollar illicit drug traffic breeds corruption; undermines political processes, government stability and economies; and plagues societies with acts of terrorism and other violent crime. The Strategy calls for the illegal financial activities associated with drug trafficking to receive a high level of attention and cooperative action by law enforcement agencies and by the regulators of the banking industry, nationally and internationally.

Definitions and Basic Principles

The international program is built on the foundation established early in this Administration:

Drug abuse is a major national and international issue, having adverse social, political and economic impacts on producer and transit countries, as well as the consumer nations. The United States rejects any contention that drug abuse is uniquely an American problem, or uniquely a problem of Western civilization, or that the United States has the primary responsibility for eliminating illicit drugs. It is incumbent on the source and transit countries, in their self-interest, to undertake narcotics control programs.

Each country has the responsibility for reducing the supply of illicit drugs within its own borders. The Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances provide an international drug control framework for signatory nations. The major producer nations are signatories to the Single Convention which requires them to establish controls limiting the production, manufacture and distribution of opium, coca, cannabis and their derivatives. Signatories of the Psychotropic Convention are required to establish controls on the importation and exportation of psychotropic substances such as amphetamines, methamphetamines, methaqualone, and barbiturate substances. All non-signatory nations have been requested by a United Nations resolution to establish similar controls.

The international community should assist those nations which require help. For both political and economic reasons, some countries need help in solving drug problems. As a concerned member of the world community and as a nation experiencing the effects of drug abuse, the United States supports a program of bilateral and multilateral assistance for crop control, interdiction and demand reduction programs. The United States will continue to exercise leadership and to support narcotics control programs throughout the world. The international community must also exert leadership and provide greater support for international narcotics programs. We encourage other governments, especially the governments of other industrialized nations, to participate fully in international control efforts.

Illicit drug cultivation and production must be controlled at the source. The United States Government is applying more emphasis on crop control at the source in bilateral programs and is encouraging inclusion of crop control provisions in programs sponsored by other donors and international organizations.

Objectives

The key objectives of the international strategy are:

- Strengthening United States efforts to assist foreign governments in stopping the production and transportation of illicit drugs and improving interdiction efforts in transit nations;
- Encouraging and assisting governments of producer countries to undertake crop control programs as the most effective means of curbing production;
- Developing innovative mutual assistance treaties with foreign governments, directed at facilitating judicial

actions against the drug trade, seizing assets derived from drug trafficking, eliminating banking procedures which hide illicit drug transactions, and extradition and other legal arrangements;

- Encouraging other nations to support international narcotics control programs, financially and with other resources, including developmental assistance linked with crop control and cooperative law enforcement efforts;
- Encouraging international organizations and development banks to link their assistance with narcotics control objectives, where appropriate; and
- Curtailing the diversion of pharmaceuticals and chemicals from legitimate international commerce.

Diplomatic Initiatives

The U.S. diplomatic challenge is to raise international awareness of the illicit drug problem and encourage increased action by affected governments — producer nations, transit nations and consumer nations. The United States will continue to pursue all avenues to stopping illegal drugs, including:

- Diplomatic initiatives by the President, the Vice President, the Secretary of State, other Cabinet officers, Ambassadors, and by the senior officers of Federal departments and agencies;
- Crop control, enforcement, demand reduction, development assistance and information exchange programs;
- Multilateral efforts through international and regional organizations, research and intelligence activities; and
- Agreements with producer and transit nations.

Diplomatic initiatives are the essential first step in the international process, and these efforts are directed toward two broad objectives: improving and strengthening our relationships with the primary drug producing and transit countries and encouraging international participation by other developed nations. A prerequisite to a successful control capability and a necessary objective in several countries is building and sustaining the political will and commitments of their governments to achieve progress in illicit drug control.

The Strategy emphasizes crop control through bans on illicit cultivation and containing licit production to remain within legitimate needs, enforced where appropriate by destruction of illicit crops. The Strategy also emphasizes the importance of disrupting the transportation of illicit drugs at every opportunity, within the source countries, in transit countries along the trafficking routes and at any border crossing while being transported.

While unilateral initiatives by the United States are necessary and continuing, there is a continuous diplomatic effort to secure the cooperation of other governments to undertake parallel bilateral initiatives, or join together in multilateral approaches. There is an expanding new community of interest as source countries and other major donor and industrialized nations become increasingly affected by internal drug abuse problems and adverse economic, criminal justice and political problems associated with the drug trade. The Strategy builds upon that community of interest to create a truly international approach to narcotics control.

The United States also recognizes the interdependence of the domestic and international control policies. The credibility of international diplomacy depends in part on the effectiveness of our domestic program in fulfilling the same treaty obligations which the United States urges other nations to meet. The U.S. Government is bound by treaty to control production and trafficking of illicit substances within our borders and has begun an aggressive program to eliminate illegal drug production within the United States.

The United States will encourage and support foreign government programs to eradicate illicit drug crops by chemical spraying and other means. The destruction of illicit crops as well as strong investigative and interdiction measures are key to reducing the supply of illicit drugs.

Roles and Functions

Section 481 of the Foreign Assistance Act established an international illicit drug control function under the direction of the President. The President's functions of negotiating, concluding, amending and terminating international agreements related to illicit drug control have been delegated through the Secretary of State to the Assistant Secretary for International Narcotics Matters. Under Public Law 87-195, the President may suspend economic and/or military assistance for reasons of non-cooperation on narcotics control.

As the Federal agency responsible for coordinating the United States drug control efforts overseas, the State Department's Bureau of

International Narcotics Matters (INM) works toward enlisting foreign government cooperation in a variety of ways:

- Diplomatic efforts to develop international support for, and commitment to, joint illicit drug control activities;
- Bilateral assistance for crop control and interdiction programs in the form of equipment, training and technical advisory services to support local efforts;
- Participation in international organizations to increase drug control efforts in licit and illicit drug producing countries, especially in those countries where U.S. bilateral influence is less effective;
- Training programs, funded by INM and conducted by DEA, Customs and the Coast Guard for foreign personnel in illicit drug control functions to strengthen interdiction and enforcement efforts;
- Guidance, coordination, and support of the work aboard of all United States Government agencies involved in illicit drug control; and
- International demand reduction technical assistance efforts.

The Drug Enforcement Administration (DEA) provides consultation, technical assistance and training to drug law enforcement officials in foreign countries, participates in the collection and sharing of international narcotics data, and, where authorized, assists in investigations. DEA's Foreign Cooperative Investigations Program also includes coordination of matters regarding extraditions and supports the prosecution of selected drug law violators in foreign countries and in the United States. DEA technical assistance and consultation with foreign governments covers the broad range of narcotics enforcement activities, including development of cases and investigative techniques needed for monitoring financial flow and money laundering. In major program countries, both DEA and INM representatives are members of the country team which is under the direction of a narcotics coordinator, frequently the Deputy Chief of Mission.

The Federal Bureau of Investigation (FBI) also contributes to the international effort through liaison with foreign counterparts and exchange of information regarding involvement of organized crime in drug trafficking and money laundering investigations. The U.S. Customs Service and the Internal Revenue Service station officers in

several key drug producing countries and maintain liaison with foreign counterparts.

The Agency for International Development (AID) works with INM in designing and implementing foreign assistance programs related directly and indirectly to drug problems in developing nations. AID assistance is particularly focused on rural development programs in traditional growing regions. The alternative agricultural and other economic pursuits made possible by AID funds are, in many countries, the key to cooperation on eliminating cultivation of illicit narcotics.

The United States policy is that development assistance will be provided, where circumstances warrant and where budgetary limitations permit such assistance, to countries which are major producers or transit areas for illicit drugs. Agreements on development assistance should be accompanied by controls on production and controls to ensure that the funds generated do not become subsidies for growers or traffickers.

The United States Information Agency (USIA) provides public affairs support through its posts in U.S. embassies in countries where illicit drug production and/or trafficking has been identified as a priority issue. USIA conducts programs on drug-related issues aimed at a variety of influential audiences in these countries. The programs are designed to reflect U.S. concern about drug abuse and our determination to do something about it; U.S. activities which address the problem; and the need for international attention to drug problems. USIA uses satellite broadcasting and the full range of its communications resources, including the Voice of America, a world-wide press service and television production, to carry its message to foreign audiences. It also supports local programs by acquiring and adapting U.S. materials on drug abuse prevention and control for overseas use; selects key people in the international drug field for professional exchange programs in the United States; and programs U.S. specialists in drug-related fields for seminars, conferences and other activities before selected audiences in key countries.

The National Institute for Drug Abuse (NIDA) is an important technical resource, sharing information with health service officials around the world on treatment and prevention practices and epidemiological methods and findings. The Department of Agriculture has played key roles in crop substitution programs, research on agricultural alternatives to narcotics crops, and in advising on herbicidal eradication programs. Other units within the State, Treasury and Justice Departments also have drug-related concerns, including off-shore haven banking. DEA, the FBI and Customs have conducted successful, long-term investigative actions against illegal cash flows. State and Justice are actively exploring with various Caribbean countries the possibility of concluding agreements such as

mutual legal assistance treaties to strengthen bilateral cooperation on law enforcement matters, including the sharing of financial information. These agreements and aggressive follow-up by law enforcement agencies will receive a high priority during the implementation of this Strategy.

Finally, U.S. bilateral economic and military assistance, loans through the multilateral development banks, and assistance in the form of Export-Import Bank financing, commodity assistance, and the various loan, insurance and guarantee programs of U.S. agencies have both directly and indirectly enhanced achievement of international narcotics control objectives. At a minimum, such assistance and support have improved bilateral relations and thereby created a more positive climate for achieving narcotics control objectives.

Crop Control

Crop control can take many forms: chemical eradication, which has been used by Mexico in its opium and cannabis control programs, by Colombia and Belize to control cannabis, and by Peru to control coca cultivation; manual eradication, which has been used to control opium poppies in Burma, cannabis in Mexico, and coca and cannabis in Colombia; or government bans on cultivation which are enforced in Turkey and Pakistan (the latter supported by eradication).

In negotiations with producer countries, the United States assigns its highest priority to crop control, recognizing that comprehensive crop control agreements may not be possible in all areas. The United States is reliant upon agreements with and effective action by host governments. The current political situation makes it difficult for the United States to deal directly with Laos, Afghanistan and Iran, all illicit opium producers.

Illicit drug production generally occurs in remote areas of the producing countries — areas which are often beyond the effective control of the central government, populated by people who have traditionally cultivated these crops and whose basic economic self-interest outweighs their consideration of the problems created by their harvests.

The conditions which are considered ideal for achieving control are:

- An awareness and acceptance by the central government of the national and international effects of their domestic cultivation and production; and
- A government which has the political will and capability to enforce control policies.

These conditions, which were critical to the success of the control programs in Turkey and Mexico, are not universally present in other producer countries.

The United States strategy, therefore, involves several steps. As a first step, the United States pursues diplomatic means to heighten the awareness of the governments of producer countries of not only the international effects of this cultivation and production, but also the internal effects on their own people. Such efforts are currently being enhanced by the increasing awareness by some governments of their domestic drug abuse problems created by this production.

The next step is to encourage the government to demonstrate its commitment to crop control through scheduled reductions in cultivation and production. The United States attempts to enhance this effort by producer countries to meet their international obligations — and to bolster their political willingness — through bilateral programs and through multilateral programs and diplomatic efforts directed through other governments and/or international organizations.

These efforts may include developmental and other forms of economic assistance, such as income replacement programs. However, the primary responsibility for action rests with the government of the producer country. Foreign assistance cannot be a substitute for political will, adequate laws and a concerted effort by such governments to achieve control of production and distribution.

Development Assistance

Development assistance can be an effective component of a control program. An illicit drug producing area is usually an underdeveloped region in a country. Development programs can produce alternative sources of income for the farmers and also increase a host government's ability to institute measures against illicit drugs.

The social, political and economic consequences of change must be considered in developing a drug control program. Reducing the economic incentive to grow illicit crops, as part of a long-term goal of controlling production, has increased in strategic importance during the past decade. While law enforcement and technological assistance may greatly improve a nation's ability to destroy illicit crops or interdict drug shipments, production in some areas is likely to continue unless the people involved are offered reasonable economic alternatives. Income replacement programs, including crop substitution, are useful for farmers whose involvement in illicit crop production may be their only source of income. In some countries,

such development assistance is essential to obtaining and implementing the control agreement.

Drug-related development assistance agreements should be planned with the full involvement of host governments and conditioned upon concurrent agreements to reduce illicit drug production and evidence of the host government's commitment.

Enforcement Assistance

Another major goal in the international program is to encourage concurrent, strong enforcement and control measures by the host government in all source and transit countries. The Strategy includes:

- Cooperation with foreign drug control agencies including collection and sharing of intelligence on illicit drug production and trafficking;
- Bilateral assistance for equipment, training and technical services designed to strengthen the foreign drug control program; and
- Participation in and support for international and regional organizations concerned with drug control.

Cooperative activity with foreign law enforcement agencies, including the stationing of U.S. personnel abroad to provide advice, training and technical assistance, is conducted by the DEA, the U.S. Customs Service, and the U.S. Coast Guard.

The Strategy supports the law enforcement coordination role of two international bodies. The International Criminal Police Organization (INTERPOL) provides coordination and communications for enforcement agencies with investigative responsibilities abroad and supports 125 member nations. The Customs Cooperation Council (CCC) encourages uniformity and cooperation in illicit drug control among international customs systems.

Reducing the Demand for Drugs

The preceding approaches are directed at reducing the supply of drugs. However, the international community has a unique capability of influencing the demand for drugs through the deterrent effect of vigorous law enforcement combined with information exchange programs, briefings, technical assistance, training, treatment demonstration projects and conferences. The international demand reduction strategy includes:

- Encouraging the governments of producing and transiting countries to recognize that their populations

can also be victims of drug abuse, and thereby enlisting their cooperation in international drug control;

- Encouraging recognition of the social and economic efforts of the immense sums of illegal money that challenge the legitimate economies of some nations;
- Fostering an increased awareness on the part of other industrialized nations and their governments of their domestic drug abuse problems, both to stimulate internal prevention efforts and to encourage their participation in international drug control efforts;
- Providing technical assistance in planning and developing demand reduction programs; and
- Achieving active participation of international organizations and non-governmental groups, where appropriate.

Regional Objectives

The United States international illicit drug control program emphasizes specific objectives for each of the three major production regions: Latin America, Southeast Asia and Southwest Asia. The U.S. Government provides bilateral assistance to producer and transit countries in all three regions — an effort which is aided by our multilateral approaches through international organizations and by the bilateral and multilateral programs of other concerned governments.

The U. S. Government's strategies for the drug producing regions of Latin America, Southeast Asia and Southwest Asia include assistance for crop eradication and development programs, interdiction and law enforcement support, and the sharing of information on drug abuse prevention, treatment and research. The program also includes controls to stop diversion of licit drugs into illicit distribution channels.

Latin America and Caribbean Regional Strategy

Latin America and Caribbean projects receive the major share of the INM country program budget because of the large amounts of marijuana, cocaine and heroin coming from these regions. The U.S. Government's goals are to reduce coca production to the minimum level sufficient to meet traditional domestic consumption and licit needs; to eliminate marijuana before it leaves the country of origin; to assist other governments in curbing small-scale narcotics production

before it assumes major proportions; and to collaborate with Mexico on continuing the effectiveness of its successful opium poppy eradication program.

To curtail the international flow of marijuana and cocaine from Latin America, the U.S. Strategy in negotiating agreements focuses on reducing coca production through crop control and increased enforcement assistance; close coordination of rural development assistance and crop control schemes in the illicit drug cultivation regions; increased diplomatic initiatives toward gaining serious commitment and cooperation from governments to eradicate illicit drug crops; and immobilizing the traffickers and interdicting the supplies.

Projects for this region include crop eradication efforts, interdiction programs, developmental assistance, and law enforcement assistance. There was some progress in this area during 1983, including the start of coca bush eradication efforts in Peru and the signing of a four-part assistance agreement on coca eradication with Bolivia. A major expansion is anticipated in the immediate future, reflecting in large part the decision by the Government of Colombia to undertake expanded coca and marijuana control programs in 1984 and a pledge of \$40 million over five years by the Government of Italy to the United Nations Fund for Drug Abuse Control for coca control in South America.

Southeast Asia Regional Strategy

The Golden Triangle, consisting of the common border area shared by Burma, Thailand and Laos, is a major region of illicit opium production. Much of the heroin produced in the Golden Triangle transits Thailand as well as Burma, India and Malaysia enroute to world markets. These countries have heroin and opium addict populations which generate a large-scale demand for opium and heroin.

Burma is the largest producer of illicit opium in East Asia. Since much of the producing area in Burma is outside full control of that government and collaboration with Laos is currently difficult for reasons not related to narcotics, U.S. resources are concentrated on eradication and interdiction of opium and heroin — with emphasis on interdiction and suppression of heroin laboratories along the Thai-Burma border, in the interior of Thailand, and in the Shan State of Burma. Both the Thailand and Burmese military forces have been active in attacking the illicit drug production and trafficking.

The United States continues to emphasize that lasting progress in Southeast Asia is dependent upon eradication in Thailand, Laos and Burma. There was progress in 1983 on curbing opium poppy

cultivation in Thai villages receiving assistance under a U.S. supported civilian police-military program.

United States' efforts for this region focus on country-specific crop control programs, police and customs interdiction assistance, education, prevention and treatment technical assistance, and support of regional projects designed to impede illicit narcotics production, processing, trafficking and consumption.

Southwest Asia Regional Strategy

Opium production in Pakistan, Afghanistan and Iran now provides a principal source for heroin in Western Europe and the United States. This region also produces marijuana and hashish.

The United States is not in a position to engage in productive bilateral efforts with Afghanistan and Iran. However, the Strategy supports narcotics control programs in Turkey, which is a conduit for opiates moving from Southwest Asia to Europe and the United States. In Pakistan, the program focus is on crop control in the North-West Frontier Province and on enforcement and interdiction assistance, particularly on Pakistan's borders. The U.S. agreement with the Government of Pakistan, which has banned opium production, trade and consumption, is that it will enforce its ban on opium production in those underdeveloped areas where development assistance has been provided. INM and AID have supported the crop control initiative with rural development projects so that farmers who stop cultivation of illicit drugs will continue to have a source of income. These efforts will have further reduced illicit production in the merged areas by 1986-87, and the United States has pledged to support a special development and enforcement plan which will apply crop control with development assistance to the remaining growing areas of Pakistan. Efforts in Turkey, which brought illicit opium production under control in the 1970s, focus on interdicting illicit opium and heroin traffic.

International Organizations

Support for international organizations is primarily focused on the United Nations, principally the United Nations Fund for Drug Abuse Control (UNFDAC). The United Nations programs provide an important vehicle for participation by countries that do not undertake drug control programs on a bilateral basis. UNFDAC programs can improve political acceptability to narcotics control in areas of the world where an exclusive American presence is not possible. UNFDAC also demonstrates multilateral concern which underscores the U.S. position that drug abuse is not exclusively a U.S. problem.

UNFDAC's programs are directed at supply and demand reduction activities, narcotics-related rural development projects, the

strengthening of drug controls, and the stimulation and coordination of research. The Strategy calls for expanding assistance to UNFDAC, contingent on revitalization of the United Nations Narcotics Laboratory and its participation in narcotics eradication worldwide. UNFDAC is supported by voluntary contributions from public and private sources and the United States is encouraging other nations to increase their support of this program.

In 1983, UNFDAC obtained a \$40 million pledge from the Government of Italy for coca control projects in South America. In early 1984, there was an unprecedented agreement among major donors to UNFDAC that development assistance to narcotics growing regions should be linked to government commitments to control illicit narcotics production.

Other United Nations organizations support drug control efforts in the social and public health areas, including the U.N. Development Program, the U.N. Educational, Social and Cultural Organization (UNESCO), and the World Health Organization (WHO). The U.N. Commission on Narcotic Drugs (CND) functions as the policy-making intergovernmental body on international narcotics control. Of particular importance is the CND's function, in concert with WHO, of identifying and recommending to the U.N. Economic and Social Council the scheduling of drugs, i.e., the controls over licit narcotics and psychotropic substances. The Division of Narcotic Drugs (DND), in addition to supporting the CND, explores and recommends means of improving control of illicit drug production and abuse. The International Narcotics Control Board (INCB) performs a valuable function as monitor and enforcer of the two drug control treaties.

There are also regional organizations which make important contributions to the international control effort. The Association of South East Asian Nations (ASEAN) and the Colombo Plan, an economic and social development association of 27 South and Southeast Asian nations, are examples. These and other organizations support multilateral programs of planning, technical assistance and regional cooperation, in both demand and supply reduction.

Other U.S. Efforts

The United States is a signatory to a wide range of international treaties and conventions. Enforcement of such agreements continues to be an important part of our international efforts. The Strategy calls for encouraging other nations either to support fully the provisions of agreements already in force, or participate in new initiatives such as recent efforts to control illicit diversion of methaqualone.

Efforts are underway within the international maritime community to encourage adoption of measures to prevent false

registry claims by vessels on the high seas, allow rapid verification of vessel registry claims, and support criminal sanctions against all those persons engaged in drug trafficking while aboard vessels.

The Strategy requires a high priority for investigation of the financial dealings of key traffickers to disrupt international financial transactions resulting from a sale of illicit drugs. Through Articles 35 and 36 of the 1961 Single Convention on Narcotic Drugs, foreign governments can exchange the records of financial operations involved with illegal drug activity. Mutual assistance treaties also allow exchange of banking and other records, testimony of witnesses, and information useful in pursuing the illegal profits of international drug traffickers.

An International Commitment

The Strategy for international cooperation in narcotics control reflects the President's determination to interdict and eradicate illicit drugs, wherever cultivated, processed or transported. The Strategy calls for leaders and governments worldwide to condemn illegal drugs and to take aggressive action to stop the production, transport and use of such drugs.

The United States is willing to assist the governments of producer and transit nations on a priority basis within budget limitations. However, these governments must take the initiative and actively pursue workable strategies to reduce the cultivation, production and distribution of illicit drugs within their own countries.

The United States will continue to strengthen our own international program, to pursue a vigorous domestic drug enforcement program which demonstrates to the world that we are firm in our intention to stop illicit drugs, and to encourage other nations to do the same. International cooperation in the international control program and effective national drug law enforcement worldwide are key elements in eliminating the destruction that illegal drugs bring to nations and societies.

VI. MEDICAL DETOXIFICATION AND TREATMENT

VI. Medical Detoxification and Treatment

Introduction

The 1984 National Strategy recognizes that detoxification and treatment of individual drug abusers is an essential element in the comprehensive strategy to eliminate the effects of drug and alcohol abuse in the United States.

The 1984 Strategy calls for each local community to support treatment facilities and approaches appropriate to the special needs of the local community. These should include responding to immediate and acute medical needs, with continuing availability of counseling and medical treatment and of longer-term support in a non-drug environment.

The 1984 Strategy does not attempt to dictate a national priority for drug abuse treatment programs. Consistent with the overall Strategy, each region or locality must determine the relative need for the various types of treatment and make appropriate decisions regarding the allocation of available resources.

The Strategy continues to call for the integration of drug and alcohol abuse treatment into general health care. Much has been done in providing improved drug abuse treatment, whether the provider is oriented on drug abuse, alcoholism or mental health.

Since 1968, the Federal government has provided funding to the states on a matching basis to encourage development of prevention and treatment programs. The use of matching funds has stimulated a national treatment capability far beyond that which the Federal resources alone could have provided. The drug abuse treatment network in the United States has grown significantly from the 183 programs existing in 1968. A measure of the existing treatment capacity is that 5,747 drug abuse and alcoholism treatment units participated in the 1982 National Drug and Alcoholism Treatment Utilization Survey, described later in this chapter. The various treatment facilities for alcoholism and mental health also are part of the total treatment capacity.

It is important to recognize the continually changing treatment requirements and the need to provide a flexible response which can adjust to the particular needs within each community. The Federal block grants, begun in 1982, are intended to provide the states with the flexibility to decide the most appropriate use of the available Federal funding.

Treatment programs have been directed at overcoming the physical problems of drug addiction and providing psychological and social counseling to help the individual drug abuser live without drugs. The treatment strategy is based on:

- Recognizing the existence of a national network of drug treatment programs and established referral systems;
- Continuing the evolution of successful drug treatment delivery systems by encouraging the states to allocate an appropriate level of funding based on local needs and priorities;
- Seeking less expensive, more effective treatment alternatives;
- Integrating drug treatment services into the general health and mental health care system;
- Encouraging private industry, religious groups, private organizations and state agencies to work together to support treatment programs; and
- Promoting drug-free treatment programs.

The Federal Role

The major Federal role is providing information and guidance for drug abuse treatment based on the results of biomedical, clinical and epidemiological research. The dissemination of research findings and general information to health professionals and their educators and to the general public is an important aspect of the Strategy.

The Strategy encourages states to support programs directed at youngsters who have just started using drugs and alcohol and who have not yet established a total lifestyle around drug use. Early intervention efforts can have long-term impact on lifetime drug use patterns.

The Federal research priorities are directed at improving the effectiveness of the treatment efforts. A specific research priority is developing new therapeutic agents which will be of major assistance in treating narcotic addiction. These therapeutic drugs provide pharmacologic support for detoxification and abstinence and include two types: those which ease the physical distress associated with withdrawal and those which block or nullify the reaction to opiates. The clinical safety and effectiveness of one such blocking agent, naltrexone, has been proven. Naltrexone received preliminary approval by the Food and Drug Administration in July 1984 and is being introduced into treatment programs.

Additional studies are underway regarding types of treatment most effective for different types of drug-abusing individuals. These advances in both basic and applied research will result in more effective therapeutic approaches and therefore better quality care at lower cost.

Principal Federal Agencies

The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) and its institutes — the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute of Mental Health (NIMH) — will continue to play a leadership role in development of new knowledge and disseminating knowledge and technology regarding drug and alcohol abuse treatment and rehabilitation. ADAMHA is responsible for coordinating activities of the health institutes to insure that treatment programs, along with research, education and prevention programs, are mutually supportive and balanced.

The 1984 Strategy calls for ADAMHA and its institutes to encourage the increased involvement of the private sector (business, the health professions, labor, professional organizations and associations, and private support) in the development and execution of treatment and rehabilitation initiatives, in addition to the full range of prevention activities described in the prevention chapter of the Strategy.

Financing

The financing of the national drug abuse treatment rehabilitation and prevention programs has been a joint effort of Federal and state government and the private sector. An April 1984 report prepared for NIDA and NIAAA by the National Association of State Alcohol and Drug Abuse Directors indicated a total of 2,961 drug abuse treatment units and 3,909 alcohol treatment units received some government funding assistance. The report also indicates that Fiscal Year 1984 funding for these programs exceeds \$1.4 billion, with the Federal government providing \$302 million (21 percent), state and local government providing \$802 million (57 percent), and the private sector providing \$308 million (22 percent).

A new Federal effort began in Fiscal Year 1982, implementing the Omnibus Budget Reconciliation Act of 1981 (PL 97-35), authorizing the Alcohol and Drug Abuse and Mental Health Services (ADMS) block grant program. The ADMS block grant program provides more flexibility for states to determine the use of funding for alcohol, drug abuse and mental health services. It includes NIDA's former community treatment programs (specifically, the statewide

services grant program and the formula grant program) and NIAAA's former community treatment programs, including project and uniform act grants and alcohol formula grants. This block grant program has been implemented nationwide and reflects the continuing goal of the National Strategy to allow local jurisdictions to make their own decisions regarding use of resources.

The current ADMS block grant program represents the culmination of an evolutionary process. The Federal government has participated with the states in the development of a nationwide drug abuse treatment network. As Federal funds for community-based treatment services were increasingly being channeled through the states, the states assumed greater management responsibilities and the Federal role became one of technical support, oversight and program evaluation. By 1980, over 90 percent of Federal community drug program assistance funds were given directly to the states and subcontracted by them to local treatment and prevention programs. Thus, under the block grant program, states assumed official responsibility for many functions which they were already conducting and acquired greater flexibility to target funds to specific local needs. Starting in Fiscal Year 1983, states were provided added flexibility to consolidate, when appropriate, among alcohol, drug abuse, mental health and general health care providers. States are also free of the multiple Federal reporting and contracting requirements which existed prior to the block grant program.

The Federal government will continue to support treatment and prevention activities through the block grant program, along with programs in the Bureau of Prisons and Social Security Administration, and through continued provision of services in the military establishment and the Veterans Administration. The U.S. Parole Commission will continue to provide drug and alcohol treatment through the U.S. Probation System, including early detection of abuse and provision for a quick return to custody if an individual poses a danger to the community.

Treatment Approaches

The National Drug and Alcoholism Utilization Survey (NDATUS) monitors the capacity and use of drug abuse and alcoholism treatment and prevention resources in the United States and its territories on a periodic basis. A total of 5,747 drug abuse and alcoholism treatment units participated in the 1982 NDATUS. About one-quarter of these treatment programs treated only drug dependencies, one-quarter were combined units treating both drug and alcohol dependencies, and about half treated only alcoholism. On the day of the survey, 463,412 persons were enrolled in drug or alcohol abuse treatment, or

better than 85 percent of the total treatment capacity was in use. The majority were being treated in an outpatient drug-free modality. Regardless of the method employed at any given point in a patient's treatment, the ultimate goal is to enable drug-dependent persons to remain free of drugs and to function productively in the community.

The successful treatment services that the Federal government has supported tend to work best for patients who are receptive and motivated toward a cure. In recognition of the chronic nature of drug dependencies, community treatment programs should consider continuity of care in conjunction with other community resources such as Narcotics Anonymous and Alcoholics Anonymous which stress individual and community responsibility.

General Health Care

The 1984 Strategy calls for a continuing effort to involve all sectors of society in eliminating drug and alcohol abuse. Explicit in this goal is the integration of drug and alcohol treatment services into the general health care system. Studies on the integration of general health care and mental health care services indicate the advantages expected from also integrating drug abuse and alcoholism services:

- Improved accessibility, acceptability and use of both general and special health care services;
- Improved case finding, referral, coordination, follow-up and preventive/educational efforts;
- Improved efficiency and reduced costs of the total health care delivery system;
- Improved citizen participation in, and concern with, the care of clients; and
- Establishment of a unique training setting in primary health and mental health care.

The most significant accomplishment in the effort to integrate drug and alcohol services into the general health care system is their inclusion under the ADMS block grant program. It is now possible for totally integrated alcohol, drug abuse and mental health services to be provided according to each state's need, instead of the previous practice of using separate Federal categorical grant requirements. Technical assistance has been made available to those states requesting help in the integrating process. The extent to which drug and alcohol abuse services are being integrated will become even more apparent in future years as the ADMS block grant legislation allows states to transfer funds within ADMS categories.

The Strategy continues to call for efforts to educate health care professionals about drug and alcohol problems. NIDA and NIAAA have worked with health professionals and educators to integrate drug and alcohol abuse topics into the pre-clinical and clinical curricula for training of physicians, nurses, psychologists, pharmacists and social workers. The National Board of Medical Examiners, medical specialty boards, and the boards of the other health professions have been developing examinations that require knowledge of drug and alcohol problems as a prerequisite for receiving a license to practice medicine or to work as a health professional in the primary health care system. NIDA and NIAAA disseminate medical monographs through the various medical associations, physicians' offices and the institutes' clearinghouses. In addition, NIDA is collaborating with the American Medical Association (AMA) on issues regarding prescribing practices and on the use of drug abuse data for AMA's computerized General Telephone and Electronic Physician Information Network.

The Strategy calls for NIMH and mental health specialists to seek active involvement in alcohol and drug issues, recognizing that alcohol and drugs are reported to be the number one and number two causes of mental health problems. NIMH should also sponsor research to study mechanisms by which alcohol and drug abuse create mental health problems.

Drugs in the Workplace

Drug and alcohol abuse exists throughout the workforce: in all age groups, in all types of industries and in all levels of white collar and blue collar workers. A 1981 report by the General Accounting Office estimates that more than 5 percent of the workforce suffers from alcoholism. While a firm estimate is not available, the use of marijuana appears to be second only to alcohol. Marijuana, heroin, cocaine, PCP and misuse of prescription drugs also contribute to lost productivity, higher accident rates, health problems, poor quality products and other costs.

Many industries have established employee assistance programs to help employees with a range of problems, including alcohol and drug abuse, which affect job performance. Such programs are designed to identify troubled employees through impaired job performance and to encourage and assist them in obtaining help. Such programs exist in 57 percent of Fortune 500 companies. These programs are the product of labor-management cooperation after recognition of the extraordinary costs of related absenteeism, accidents, sick pay and lost productivity at every level of corporate activity. Employers report that after employee assistance programs are

established, significant reductions in lost work hours, disability payments and accidents have resulted.

Public safety considerations require prompt action to identify, remove and treat individuals who are in jobs where their drug abuse endangers the public safety. Air traffic controllers and operators of public conveyances, including airline pilots and crew, bus drivers, railroad train crews, and others in such positions of public trust should be subject to high standards of professional and personal behavior. Employers must establish a clear policy, ensure that the policy is understood and applied, and include specific rules, procedures for identifying violators and uncompromising discipline consistent with the public trust. Recent train accidents caused by intoxicated employees have focused attention on the critical need for a clear policy in this area. Private companies and government agencies are acknowledging their responsibilities and are responding to this need. For example, a major bus company has established strict requirements for its drivers to be free of drugs and alcohol; the Federal Aviation Administration is planning a testing program for employees with critical air safety duties; and the U.S. Coast Guard has begun a "Safe Boating" program which seeks to reduce accidents associated with drinking and boating. Other examples are described in the chapter on prevention.

As the nation's largest single employer, the Federal government should serve as a model for dealing constructively with drug and alcohol abuse in the workplace. The Office of Personnel Management (OPM) has issued regulations effective August 9, 1984 to assign Federal program responsibility for returning employees to full individual and organizational performance.

The Strategy sets a high priority for the establishment and operation of employee assistance programs in both the private and public sectors to save lives and reduce the health and economic costs of alcohol and drug-related problems. Field offices of the Occupational Safety and Health Administration (OSHA) have materials available for employers on where to seek assistance and how to deal with drug alcohol abuse problems.

Private Sector Support

The Strategy encourages the expansion of alcohol and drug abuse treatment services throughout the private sector. A specific goal is the expansion of third-party payments for the treatment of alcoholism and drug abuse. Thirty-five States have now adopted laws requiring health insurance coverage of alcoholism treatment on a mandatory or optional basis; 26 States have similar laws for drug abuse treatment coverage. Insurance plans and carriers are increas-

ingly aware that, in the absence of such coverage, they pay for more expensive hospital-based care under subterfuge diagnoses and/or for accidents and illnesses that could have been avoided. The Blue Cross/Blue Shield Association, after a three-year demonstration project funded by NIDA and NIAAA, has announced that each of its plans will make available a rehabilitation-oriented drug and alcohol treatment option to national accounts beginning in 1984. Implementation of this model benefit, along with increasing employee assistance and health promotion programs, is a major accomplishment in expanding the private sector role in drug and alcohol abuse treatment.

Special Considerations

Heroin While heroin use continues to be a major concern in several large urban areas, estimates indicate that the total number of addicts has been reduced since the early 1970s. During the past eight years, the number of addicts has held relatively constant at around half a million, or less than one-half of one percent of the total population.

The average age for the general population of heroin addicts is older than ten years ago. The average age of heroin addicts seeking treatment has risen from 28.8 in 1978 to 30.5 in 1982, and the increasing age trend appears stable. This trend reflects the extensive prevention and containment efforts that have made young people more aware of the consequences of heroin use. Over a three-year period ending in June 1983, there has been an increase at some locations in DAWN emergency room mentions of heroin. These increases could reflect changes in the supply, use patterns, or user population or some combination of these factors. Consistent with the Strategy, local authorities have the flexibility to respond to their specific drug problems and adjust local treatment priorities as needed.

Nonopiate drug use is now creating significant drug treatment needs nationwide. More than 65 percent of those admitted to treatment have a problem with more than one drug. The trend toward multiple drug use is also being observed with heroin emergency room mentions. In 1976, only 20 percent of heroin emergency room mentions were in combination with other drugs; in 1982, 42 percent of the heroin mentions were in combination with other drugs, primarily with alcohol and cocaine.

Cocaine The increasing consequences of intense use patterns, as indicated by increasing numbers of hospital emergency room episodes, create concern and increased emphasis on cocaine treatment. Researchers and clinicians are issuing new warnings regarding the dangers of cocaine and the dangers inadvertently caused by the erroneous low danger ratings previously given to cocaine use. Little doubt

now exists that cocaine is a potent addictive drug and potentially as dangerous to health as opiate addiction, including heroin. The Federal government is expanding its research in cocaine abuse treatment. States are urged to carefully assess their treatment capabilities for cocaine users in light of the increase in demand for treatment.

Treatment for Youthful Abusers

It is encouraging to note that alcohol and marijuana use by children ages 12-17 has decreased, however use rates remain high. Alcohol use in this category during a given month has decreased from 37 percent in 1979 to 27 percent in 1981; marijuana use during the month prior to the interview decreased from 17 percent to 12 percent. Also, treatment data involving young people and marijuana continued to reflect a significant secondary involvement with alcohol. Use of multiple drugs in combination is particularly dangerous. A recent study indicates that among patients 19 years of age or younger entering a hospital-based alcoholism program, over 80 percent used several drugs in combination. This is compared to one-third among the total patients entering the program.

It is important to recognize that young people with drug abuse problems create special considerations in designing effective treatment programs. Immaturity, parental consent, concerns about confidentiality, inability to pay and lack of specialized services are often barriers to their seeking treatment. Even though there were more than 13,000 young people ages 18 and under receiving alcoholism treatment in facilities across the country on September 30, 1982, treatment services for young people are scarce and often inappropriate. In addition, many young people deny their alcohol problems, are unaware of available services or are uncertain how to use them.

State and private treatment programs should make a special effort to contact and work closely with school-based alcohol and drug abuse education programs and parent groups. States and localities, in assessing their needs and resources, should make use of community mental health centers in the identification and treatment of drug and alcohol abuse.

VII. RESEARCH

VII. Research

Introduction

Drug abuse in the United States is a widespread, destructive problem, rooted in the potent mood-altering properties of drugs, including alcohol, and in the social, psychological and physiological vulnerability of individuals. To approach our goal of eliminating drug abuse, we must continue to expand our knowledge of the causes and treatments of drug abuse as well as ways of minimizing the resultant disability to the individual and to society.

The abuse of drugs can be defined as a disease which produces chemical and physical abnormality, injury and even death. A major complicating factor is that this disease is self-induced. Therefore, the search for a cure must take into consideration the complex interactions among a combination of biological, psychological, environmental and social factors which lead people to use drugs for non-medical purposes. Each hypothesis developed in the laboratory or the clinic may offer some insight into certain aspects of the problem. None, standing alone, is likely to provide the universal solution which will eliminate drug abuse. Therefore, we are pursuing research into the various aspects of the numerous drug abuse problems. Our research goal is reducing the cumulative effect of drug abuse by eliminating the pieces which contribute to the total problem.

Research, carefully planned and widely undertaken, can reinforce all efforts to prevent, treat and control drug problems. Continuing the direction of the previous Strategy, the 1984 Strategy supports the development of new knowledge about drug use patterns, risk factors and the long-term effects of drugs, including interdisciplinary research integrating data from the criminal justice system, social sciences, biochemistry, etc. The 1984 Strategy encourages the pharmaceutical community, colleges, universities and professional health care organizations to undertake extensive drug research.

The 1984 Strategy supports the expansion of research directed at basic knowledge and the associated applications of the findings in drug and alcohol abuse prevention, treatment and rehabilitation. A high priority will be assigned to basic work on the interrelationships between marijuana and alcohol and between alcohol and other drugs. The Strategy also supports the recognition by the mental health community of the destructive role that drug and alcohol abuse play in mental health and calls for full recognition of the interrelationship and increasingly close cooperation between the three related Federal health institutes, particularly in the area of research.

The Strategy recognizes the Federal responsibility for overseeing the development of new knowledge through basic and applied research and epidemiological studies. It is also the Federal responsibility to provide the necessary planning, management and support to ensure that such information is widely disseminated to health care professionals, educators, law enforcement officials and the general public.

The 1984 Strategy's objectives for research are:

- Producing accurate and clearly written information about drugs and alcohol and making this information widely available in an understandable form for use in education and prevention efforts;
- Developing an effective system to monitor the composition and potency of illicit drugs including the development of new assay technologies;
- Continuing to support longitudinal and other epidemiological research to expand knowledge of alcohol and drug use patterns, risk factors and the long-term health effects of alcohol and drug abuse;
- Emphasizing basic research into the biological and psychological determinants of drug and alcohol abuse;
- Giving priority to research into the development of chemical agents that will block or change the expected physiological effects of a drug or provide pharmacologic support during treatment;
- Studying the effectiveness of prevention and treatment approaches;
- Enhancing the effectiveness of scientists and research projects by regularly reviewing, aggregating and assessing new information and knowledge and by ensuring that the results are widely available within the research community; and
- Developing a balanced program between basic and applied research.

A specific area of interest is the continuing development and general availability of comprehensive annotated bibliographic sources designed to provide practitioners, researchers and the general public with readily available subject-indexed information on principal drugs of abuse.

Data Collection and Analysis

Fundamental to the credibility of information on drug abuse, and to much of the National Strategy, is the availability of accurate, current data on drug abuse, use trends and effects. Collecting national information and reporting on nationwide trends in alcohol and drug abuse continues to be the responsibility of the Federal government. The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) is responsible for gathering information to answer questions concerning the extent of drug and alcohol use, the consequences of drug and alcohol abuse, the population groups most at risk, changing patterns and trends, and the geographic distributions of drug and alcohol problems.

Information regarding the sources, availability, prices and other relevant data in the criminal justice system is collected by the Federal law enforcement agencies under the auspices of the National Narcotics Intelligence Consumers Committee (NNICC). This aspect of data collection is described in the Law Enforcement Chapter. The National Institute on Drug Abuse (NIDA) is a member of the NNICC and provides the coordinating link between the law enforcement information and the health-related research and data.

The epidemiologic program necessary to achieve the goals of the research program requires the analysis and integration of information from several sources. Included among these sources are the Drug Abuse Warning Network (DAWN); the National Household Survey on Drug Abuse; the High School Seniors Survey; the Community Epidemiology Work Group; and the State Epidemiology Network. Also, a program of extramural epidemiological research of special studies complement the national data systems. While these components of the epidemiology program contribute valuable information to our knowledge of the incidence and prevalence of drug and alcohol problems, each will be critically reviewed to maintain the quality and credibility of the methods and findings and to determine if there are more efficient and economical approaches which would increase their utility.

Other national data systems operated by various government agencies will be used to augment the information needed for answering questions about alcohol and drug abuse. One of the most significant accomplishments of the past two years is the inclusion of drug and alcohol abuse questions in surveys conducted by the National Center for Health Statistics — such as the Health and Nutrition Examination Survey and the National Death Index. Inclusion of drug-related questions in the National Health Interview Survey is being explored.

Since the change to Federal block grants, the collection of information on the treatment services provided, client characteristics and effectiveness of treatment is no longer mandatory. Gathering information

on individuals whose drug use brings them into treatment provides critical information on negative health consequences and populations at greatest risk. Collection of these data, previously acquired through the Client Oriented Data Acquisition Process (CODAP) and the National Alcohol Program Information System (NAPIS), is now dependent on the voluntary cooperation of states and localities. NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) are maintaining a treatment data base through the voluntary partnership of 17 states. NIDA is providing data processing and analytical support to these states for developing or operating their own CODAP-compatible system. In exchange for providing the data, the states will receive periodic reports and annual summaries. NIDA and NIAAA have contracted with the National Association of State Alcohol and Drug Abuse Directors to consider various options for the sharing of client and facility data between the states and the Federal government.

Twenty epidemiologists from across the Nation meet semiannually as the Community Epidemiology Work Group (CEWG) to exchange information on drug abuse trends. In the recent past, the CEWG has assessed usage trends of such substances as heroin, cocaine and methaqualone and identified combinations such as "T's and Blues" (pentazocine and tripeleminamine).

Potency Monitoring

The Federal government must develop a system to monitor the composition and potency of illicit drugs. Fluctuations in potency levels of street drugs provide indicators of availability and use patterns. The Strategy calls for full use of laboratory facilities and availability of the findings to both law enforcement and health-related agencies.

An expanded potency monitoring system will be designed to provide:

- Better understanding of the composition of the various types of drugs available on the illicit market; and
- Monitoring of the probable source of illicit drugs with special attention to the level of domestic production.

The system for drug monitoring is based on forensic laboratory analysis of drug evidence from the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI), and DEA cooperative operations with other law enforcement agencies. Information is entered into DEA's System to Retrieve Information from Drug Evidence (STRIDE). A planned expansion of STRIDE is intended to capture state and local data on heroin and cocaine retail purchases. Full use will be made of the NIDA-sponsored marijuana potency monitoring system at the University of Mississippi to ensure standardized testing and comparable data.

DEA also conducts research to improve techniques of drug analysis and to enhance its ability to determine sources of drugs. The Ballistics Program determines the source of evidence in tablet and capsule form; the Heroin Signature Program classifies and determines the origin of heroin by identifying the manufacturing process; and preliminary work has been conducted on source determination analysis for cocaine, amphetamine, methamphetamine and methaqualone.

Basic and Applied Research

ADAMHA has the primary Federal responsibility for drug and alcohol abuse research. The goals are to gain new knowledge of the basic mechanisms underlying drug and alcohol abuse and to develop new biomedical behavioral and pharmacological methodologies for the prevention, diagnosis and treatment of drug and alcohol abuse. The development of basic knowledge is fundamental to applied work on techniques for treatment and prevention. Basic research provides an understanding of the mechanisms of drug actions, effects and sites of action.

Specific research activities in support of the Strategy include:

- Investigating the biological interactions between the combination of alcohol and marijuana, between alcohol and other drugs, and in the development of alcoholism;
- Continuing the study of brain receptor mechanisms such as those identified for naturally occurring opiate-like peptides and those associated with reward sensations related to cocaine and heroin;
- Investigating the effects of alcohol consumption on neurotransmitters and their receptors;
- Continuing to investigate the basic biological and behavioral processes affected by alcohol, marijuana, cocaine, heroin and other psychoactive drugs;
- Studying the efficacy and cost effectiveness of different drug and alcohol abuse treatment approaches;
- Studying the adverse medical consequences of alcohol abuse and alcoholism and the genetic factors that may help explain why individuals seem to differ in their vulnerabilities to the medical problems associated with alcohol and drug consumption;
- Continuing efforts to determine the abuse and addiction potential of drugs;

- Developing testing methods which will identify persons under the influence of various drugs with at least the same degree of accuracy as present methods of testing to identify persons under the influence of alcohol;
- Developing techniques for effectively preventing alcohol-related and drug-related problems within various age groups; and
- Continuing to examine the biological and behavioral factors which may predispose some individuals to drug and alcohol addiction and tend to make others resistant.

Agonists and Antagonists

One of the highest priorities for research efforts is the development of substances that will nullify, render unpleasant or otherwise change the expected action of drugs of abuse. Effective agonist/antagonist or antagonist drugs have the potential for reducing patient treatment costs and improving the success of rehabilitation efforts. Preliminary research indicates that such drugs are acceptable to addicts and may also ease the discomfort of opiate withdrawal.

Several such drugs have already undergone significant research and development. For example, preliminary data indicate that LAAM, a maintenance drug, could improve program and client management in treatment. The patient would take the drug only three times each week rather than daily, thus reducing the need for frequent clinic visits. Naltrexone is an antagonist that blocks the effects of opiates and was given preliminary approval in July 1984 for use in treatment. Buprenorphine, a new narcotic agonist/antagonist, has unusual promise since it not only blocks the effects of opiates but is also useful in easing withdrawal. The Strategy emphasizes the need for continuing attention and development of agonist/antagonist type drugs, supporting the goal of drug-free treatment and rehabilitation. More work should be done on determining the clinical significance of LAAM, including an evaluation of its potential benefit to clinicians and its potential as a tool to reduce opiate addiction.

For a variety of reasons, these drugs and others that are used to treat chronic drug addiction have not been attractive development prospects for the private sector. Thus, they are referred to as "orphan" drugs. The Strategy continues to encourage the pharmaceutical manufacturers, colleges and universities, and professional health care organizations to sponsor more research on orphan drugs. The Food and Drug Administration now has an Office of Orphan Products Development which is assisting in this area.

Identification and Assessment

Substantial progress is now being made in the development of diagnostic techniques that can aid in the early identification of alcohol-related problems. Initiatives also include efforts to develop standard measures to assess the level of physiological, cognitive and psychomotor impairment of persons who are under the influence of a variety of drugs. Standard methods of assessment for impairment would be useful in estimating the effects of drug and alcohol abuse, especially marijuana, in the workplace, on the roads and in schools.

Recent Developments

Thus far in the 1980s, significant progress has been made in understanding biological factors which influence the effects of drug and alcohol abuse on individuals. Opiate receptors within the central nervous system have been identified and isolated, and endogenous opiate-like substances have been discovered. In the area of alcohol research, recent tests on young males with alcoholic parents have revealed alcohol effects on the central nervous system which distinguishes them from others of the same age with no family history of alcoholism. These findings may provide new methods for the prevention and treatment of drug and alcohol abuse and other health problems.

NIDA is investigating family therapy approaches to drug abuse treatment and family-oriented prevention approaches such as enhancing the family's ability to promote healthy maturation and prevent drug abuse. Also, NIDA is studying prevention approaches which are effective with specific age and cultural groups, such as rebellious versus conforming youth, and developing and evaluating approaches which utilize skill-building techniques to enhance resistance to peer pressure and to provide positive examples.

The National Institute of Mental Health (NIMH) has several projects underway which will add important new knowledge concerning the relationship of drug and alcohol use with overall mental health and should provide an improved basis for prevention and intervention programs. The research topics include the basic mechanisms for behavioral change, the influence of risk factors, the characteristics of individuals who are having severe abuse consequences, and the prevalence of deviant behavior with respect to alcohol, drug abuse and criminality.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the Department of Justice has completed a study on Dynamics of Delinquency and Drug Use which provides insights into the relationship of drug and alcohol use to other criminal offenses and to treatment and prevention approaches.

Social factors often play a major role in determining the conditions under which youthful drinking and drug abuse begins and is maintained. NIDA continues to support research on the developmental progression of drug use in adolescents. NIAAA is conducting studies of drinking practices and patterns of alcohol abuse among teenagers. A significant finding in NIAAA research suggests that attempts to develop commitments to both short-term and long-term goals, as well as changing attitudes towards the law, may be effective in promoting a reduction in the use of alcohol by adolescents.

The question of the contribution of marijuana use to a destructive progression of expanding drug use, sometimes known as the "stepping stone" theory of progressive drug abuse, has been debated for several years. The Strategy acknowledges common agreement associated with the central findings:

- There are distinct stages of drug use and the use of drugs at one stage increases the probability of use at a subsequent stage.
- The more extensive the involvement with a drug at a lower stage of development, the greater the likelihood that one will experiment with drugs at the next or subsequent stages of development.
- Two factors which contribute to individuals moving through advancing stages of drug use are continuing association with friends and acquaintances who are drug users and involvement in selling and distributing drugs.

These findings should be incorporated in prevention and intervention strategies, with particular emphasis on parental education regarding marijuana and alcohol.

NIAAA has placed a high priority on the development of prevention, intervention and treatment strategies for reducing the level and consequences of teenage alcohol use, focusing on the issues and problems most meaningful to teenagers. Studies supported by NIAAA indicate that prime time television exerts a powerful influence over youth and their attitudes about alcohol use and drinking behavior. NIAAA has implemented a major Teenage Alcohol Abuse Prevention Initiative which increases research on the prevention, intervention and treatment of alcohol problems among school-age youth, with special emphasis on drinking and driving.

NIDA is also studying methods to enhance the treatment services available to young people within the existing health care system. One project is planned to determine how existing community mental health center programs can be used to provide effective treatment to drug abuse clients. Special emphasis will be given to chronic marijuana users and

persons who have become dependent on sedative-hypnotic agents. A second study will investigate the approaches in use around the country for conducting outreach and for providing efficacious and cost-effective treatment services for adolescent drug users.

The Pathway to Progress

Research sponsored by NIDA has achieved a breakthrough in identifying and isolating opiate receptors within the central nervous system and discovering the presence of endogenous opiate-like substances. This finding fundamentally alters the understanding of the human brain and has triggered major research in other scientific fields such as mental health and cardiology.

Research into similarities of the brain's response to heroin and cocaine has brought into question the established view that heroin is a relatively more dangerous drug than cocaine. The conclusion is not that heroin is less dangerous, but that cocaine is much more dangerous than previously believed.

These important findings serve to demonstrate the importance of research in providing the tool of understanding to support all areas of the Strategy.

VIII. DRUG AND ALCOHOL ABUSE IN THE ARMED FORCES

VIII. Drug and Alcohol Abuse in the Armed Forces

Introduction

Drug and alcohol abuse by members of the Armed Forces is a continuing problem of great concern because of the potential impact on military readiness. This chapter focuses on the drug and alcohol abuse prevention programs of the military services in the Department of Defense (DOD). The U.S. Coast Guard, in the Department of Transportation, is also a member of the Armed Forces and has similar programs for drug abuse prevention and treatment. The drug law enforcement activities of the Coast Guard and military assistance provided to drug law enforcement by the military forces are described in the chapter on law enforcement.

Department of Defense

The patterns of drug abuse in the military are similar to patterns among the same age groups in the general population. The majority of military drug abusers are male, single and under 25 years of age. Alcohol and marijuana are the substances most often used. In the 1982 survey, slightly more than 50 percent of those in the enlisted grades E1-E5 report having used marijuana at least once in their lives; 22.5 percent report marijuana use in the past month. This represents a dramatic decline in marijuana use in the previous two years. A similar reduction was seen in the use of other illicit drugs. However, the abuse of alcohol increased, with 40 percent of the E1-E5 group and 34.4 percent of the total DOD population reporting diminished productivity due to alcohol abuse.

Evidence indicates that addiction, although present in a small percentage of abusers, is not a major aspect of the military's illicit drug problem. Alcohol dependence, however, is high among some groups.

The concerns and approaches to prevent drug and alcohol abuse and treat the abusers among the population at large have a special urgency in the Armed Forces. In the military, even a low level of drug abuse has great potential for harm and national hazard. The 1984 Strategy recognizes the special responsibilities of the Armed Forces for ensuring that the United States has a military force free of the effects of drug abuse and alcohol abuse. Maintaining a high state of readiness in the military requires a reliable and sensitive system of detection, monitoring and assessment, incentives for Service members to enter treatment and rehabilitation programs, clear policies

regarding penalties for illicit drug use, and the discharge of military personnel who no longer have the potential for further useful service.

The 1984 Strategy supports the policies of the Department of Defense to:

- Prevent those who are drug or alcohol dependent from entering the military;
- Deter and detect drug and alcohol abuse within the defense community, and deter and detect drug trafficking on installations and facilities under the control of the Department of Defense;
- Ensure that all Department of Defense personnel understand DOD policy on drug and alcohol abuse;
- Assess the drug and alcohol abuse and drug trafficking situation in or influencing the Department of Defense;
- Reduce the incidence of intoxicated driving by DOD personnel through education, screening and strict law enforcement;
- Treat or counsel drug and alcohol abusers and rehabilitate those with potential for further useful service;
- Develop an effective employee assistance program for DOD civilian employees for the early identification and referral for treatment of employees with alcohol or drug abuse problems;
- Discipline and/or discharge drug traffickers and those drug and alcohol abusers who cannot, or will not, be rehabilitated;
- Work with national drug and alcohol abuse prevention programs, maintaining appropriate relationships with government and private agencies; and
- Prohibit members of the Armed Forces, and Department of Defense civilians while on the job, to possess, sell or use drug paraphernalia and prohibit the sale of drug abuse paraphernalia by Department of Defense resale outlets and private organizations and concessions located on Department of Defense installations.

The Assistant Secretary of Defense for Health Affairs develops policies designed to ensure that the Department of Defense drug and alcohol abuse prevention programs reach the military members and

their families. The Assistant Secretary for Health Affairs also issues instructions to implement the drug and alcohol abuse prevention programs, with specific attention to identification, deterrence, education, assessment, treatment, rehabilitation, training and program evaluation. The Service Secretaries establish and operate programs to carry out these policies and instructions.

The 1984 Defense Department strategy includes:

- Increased emphasis on the early identification of drug and alcohol abusers through urinalysis and breath tests;
- Use of urinalysis in disciplinary proceedings and characterization of discharges;
- Tough regulations to reduce the incidence of intoxicated driving;
- Improving the quality of treatment and rehabilitation programs;
- Encouraging healthy lifestyles so that alcohol and drug abuse is viewed as unacceptable behavior; and
- The formation of additional parent groups at military installations to reduce alcohol and drug abuse among the children of servicemembers.

The Department of Defense also makes use of drug and alcohol abuse prevention literature and electronic media messages developed by civilian agencies to supplement its own prevention materials.

The Defense Department will continue to seek ways to develop and refine drug monitoring and assessment efforts, with particular emphasis on improved measures for drug abuse identification and treatment and for data on intoxicated driving. Each military service will continue to carry out its responsibilities in these areas. The Department of Defense will coordinate military alcohol and drug abuse control activities with other Federal and civilian agencies at home and overseas.

APPENDIX A
Federal Departments and Agencies
with Drug Abuse Program
Responsibilities

APPENDIX A

Federal Departments and Agencies with Drug Abuse Program Responsibilities

Summary

- 11 Cabinet Departments
- 32 Departmental Agencies
- 5 Independent Agencies

Executive Office of the President

- Office of Policy Development, Drug Abuse Policy Office — Policy development, oversight of Federal drug activities.
- Office of Science and Technology Policy — Advice on drug abuse research issues.
- Office of Management and Budget — Budget management, clearance of proposed legislation and Congressional testimony, monitoring management and budget execution.

Office of the Vice President

- National Narcotics Border Interdiction System — Coordination and oversight of the national narcotics border interdiction effort.

Department of Justice

- Drug Enforcement Administration — Drug trafficking investigations, drug intelligence, and regulatory control.
- Federal Bureau of Investigation — Concurrent jurisdiction in drug investigations, investigation of other criminal activities associated with drug trafficking.
- Immigration and Naturalization Service — Border patrol.

Department of Justice *continued*

- El Paso Intelligence Center — National intelligence clearing-house, operational communications, analysis.
- U.S. Marshals Service — Apprehending fugitives, witness protection, custody of evidence, assist seizures.
- Office of Justice Assistance, Research & Statistics (previously LEAA) — Juvenile justice, grants.
- Office of Juvenile Justice and Delinquency Prevention — Related research and programs.
- Bureau of Prisons — Incarceration and rehabilitation.
- Criminal Division/U.S. Attorneys — Prosecution (25% of total Federal caseload involves drugs).
- U.S. Courts — Trials, bail, sentencing.
- U.S. Parole Commission — Parole determinations and probation system.

Department of Treasury

- U.S. Customs Service — Border control, air and marine interdiction, currency investigations.
- Internal Revenue Service — Intelligence, income tax and money laundering investigations.
- Bureau of Alcohol, Tobacco and Firearms — Associated investigations and intelligence.
- Secret Service — Associated investigations.

Department of Transportation

- U.S. Coast Guard — Border control and interdiction on the high seas.
- Federal Aviation Administration — Border control.
- National Highway Traffic Safety Administration — Research and technical support for drunk and drugged driving programs.

Department of State

- Bureau of International Narcotics Matters — International drug control policy development, program direction and funding.
- Agency for International Development — Foreign assistance programs.

Department of Defense

- Office of Assistant Secretary of Defense for Health Affairs — Coordination of department drug abuse programs and policy.
- Office of Assistant Secretary of Defense for Manpower, Installation and Logistics — DOD Task Force on Drug Enforcement.
- Military Departments - Programs to eliminate supply of illegal drugs, prevent and treat drug and alcohol abuse; military support to civilian law enforcement.
- National Security Agency — Intelligence support.

Department of Health and Human Services

- Alcohol, Drug Abuse and Mental Health Administration — Coordinate the activities of the subordinate Institutes.
- National Institute on Drug Abuse — Primary agency for drug abuse health issues including treatment technology, biomedical, applied and epidemiological research; and development and dissemination of drug abuse prevention information.
- National Institute on Alcohol Abuse and Alcoholism — Related health activities.
- National Institute on Mental Health — Related health activities.
- Food and Drug Administration — Regulation of licit drugs, coordination with NIDA.
- Health Care Financing Administration — Medicare and Medicaid programs.
- Social Security Administration — Benefits for disabled.
- Office of Human Development Services — Administer rehabilitation services.

Department of Agriculture

- Agricultural Research Service — Research on plant sciences and herbicides.
- Forest Service — Management of the national forests.

Department of Interior

- Bureau of Land Management — Management of national public lands.
- Park Service — Assistance to interdiction.

Department of Labor

- Occupational Safety and Health Administration — Information for employers.

Department of Education

- Drug and alcohol abuse education in public elementary and secondary schools.

Department of Commerce

- National Oceanic and Atmospheric Administration — Detection assistance to interdiction.

Independent Federal Agencies

- Central Intelligence Agency — Intelligence support.
- Veteran's Administration — Treatment, rehabilitation.
- ACTION — Encourage volunteer efforts, coordinate selected prevention activities.
- U.S. Information Agency — Communicate U.S. programs to foreign audiences.
- Office of Personnel Management — Employee assistance programs.

APPENDIX B
Federal Budgets
For Drug Abuse Programs

TOTAL FEDERAL DRUG ABUSE BUDGET — SUMMARY									
May 7, 1984	AGENCY	FY 1981		FY 1982		FY 1983		FY 1984	
		(Millions of Dollars)							
		BA	Outlay	BA	Outlay	BA	Outlay	BA	Outlay
	Department of Justice								
	DEA	215.3	216.8	242.7	224.6	283.0	275.9	329.1	320.6
	FBI	8.3	8.3	40.0	40.0	107.6	107.6	94.5	94.5
	Criminal Division	1.8	1.8	2.0	2.0	2.2	2.2	1.9	1.9
	Tax Division	0.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0
	US Attorneys	18.8	18.4	19.9	19.5	31.6	31.0	42.5	42.3
	US Marshals Service	0.0	0.0	0.0	0.0	0.7	0.6	0.6	0.6
	OCDETF (Direct)	0.0	0.0	0.0	0.0	0.7	0.2	2.7	2.6
	INS	2.2	2.2	2.4	2.4	2.4	2.4	2.4	2.4
	BOP	85.3	84.8	89.1	88.1	101.9	93.8	118.3	108.8
	Prisons (CAP)	0.0	0.0	0.0	0.0	12.6	1.7	0.0	10.9
	OJARS	0.0	12.9	4.1	5.2	0.6	3.2	4.6	1.2
	Treasury Department								
	Customs	144.0	142.0	196.0	193.0	245.1	241.5	278.5	278.0
	IRS	34.7	34.7	43.5	43.5	49.4	49.4	55.0	55.0
	BATF	0.0	0.0	1.5	1.5	4.6	2.9	6.0	6.0
	Department of State								
	INM	35.9	28.4	36.7	42.3	36.7	36.6	41.2	37.7
	AID (Direct)	0.0	0.0	15.7	0.2	9.2	10.6	11.7	12.5
	Department of Defense								
	Dept. of Transportation	33.6	33.6	57.6	57.6	69.7	69.7	78.8	78.8
	US Coast Guard	160.1	160.1	195.1	195.1	219.2	219.2	236.4	236.4
	FAA	0.1	0.1	0.2	0.5	0.5	0.5	0.7	0.7
	NHTSA	0.1	0.1	0.0	0.0	2.3	0.9	2.5	2.0
	FRA	0.0	0.0	0.1	0.1	0.1	0.1	0.3	0.3
	Department of HHS								
	NIDA	243.9	274.6	56.4*	176.6*	61.9*	67.2*	70.3*	59.6*
	NIAAA	1.3	1.2	1.3*	1.1*	2.1*	1.9*	3.7*	3.3*
	NIMH	8.4	8.4	*	*	*	*	*	*
	OHQ	4.7	4.7	0.6*	0.4*	0.6*	0.6*	0.7*	0.7*
	SSA	0.5	0.5	0.8	0.8	0.7	0.7	0.7	0.7
	FDA	1.4	1.4	0.8	0.8	1.7	1.7	1.6	1.6
	USDA	1.7	1.7	1.7	1.7	1.0	1.0	1.3	1.3
	US Forest Service	0.0	0.0	0.0	0.0	1.0	1.0	1.2	1.2
	VA	55.2	55.2	55.8	55.8	65.1	65.1	67.7	67.7
	Dept. of Education	13.9	14.0	12.8	12.7	2.8*	2.1*	2.8*	3.0*
	ETA, DOL	3.4	3.4	1.2	1.2	0.4	0.4	0.8	0.8
	ACTION	2.5	2.5	6.8	6.8	6.9	6.9	6.8	6.8
	OPD, DAPO	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
	TOTAL (See Footnotes)	1077.2	1111.9	1084.1	1172.7	1324.4	1298.7	1465.1	1439.8
	Portions of or all funding transferred to State Block Grants (Not included in this table). Amounts included in Alcohol, Drug Abuse & Mental Health Block Grants are as follows:								
	FY82-Minimum	\$78M	\$146M	\$79M	\$170M	FY84-Minimum	\$70M	FY85-Minimum	\$85M
	Maximum	\$146M	\$146M	\$170M	\$170M	Maximum	\$199M	Maximum	\$199M
	Maximum State's Discretion								
	* Amounts included in Social Services Block Grants—\$11M each year or FY83, FY84, FY85.								
	Does not include law enforcement support furnished by DOD for border interdiction, estimated at \$15.8M in FY84; no estimate available for FY85.								
	Does not include AID projects which indirectly affect illicit narcotics production: FY82—\$73M; FY83—\$10M; FY84—\$10M; FY85—\$10M.								
	Customs budget does not reflect an FY85 Budget Amendment submitted to Congress on May 7, 1984, which restores \$15M to the Customs air interdiction program.								

APPENDIX B-1

FEDERAL DRUG LAW ENFORCEMENT — SUMMARY											
May 7, 1984		(Millions of Dollars)									
AGENCY	FY 1981		FY 1982		FY 1983		FY 1984		FY 1985		
	BA	Outlay	BA	Outlay	BA	Outlay	BA	Outlay	BA	Outlay	
Department of Justice DEA	215.3	216.8	242.7	224.6	283.0	275.9	329.1	320.6	334.7	327.7	
	8.3	8.3	40.0	40.0	107.6	107.6	94.5	94.5	93.2	93.2	
	1.8	1.8	2.0	2.0	2.2	2.2	1.9	1.9	3.2	3.1	
	0.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0	1.8	1.8	
	18.8	18.4	19.9	19.5	31.6	31.0	42.5	42.3	48.9	48.7	
	0.0	0.0	0.0	0.0	0.7	0.6	0.6	0.6	0.7	0.7	
	0.0	0.0	0.0	0.0	0.7	0.2	2.7	2.6	2.8	2.7	
	0.0	0.0	0.0	0.0	2.4	2.4	2.4	2.4	2.5	2.5	
	2.2	2.2	2.4	2.4	2.4	2.4	2.4	2.4	2.5	2.5	
	82.3	81.9	86.2	85.3	99.1	91.2	115.3	106.1	129.8	120.4	
Bureau of Prisons Prisons (CAP)	0.0	0.0	0.0	0.0	12.6	1.7	0.0	10.9	0.0	0.0	
	0.0	11.1	0.0	3.6	0.0	0.0	0.0	0.0	0.0	0.0	
	144.0	142.0	196.0	193.0	245.1	241.5	278.5	278.0	257.3*	251.9*	
	34.7	34.7	43.5	43.5	49.4	49.4	55.0	55.0	58.3	58.3	
	0.0	0.0	1.5	1.5	4.6	2.9	6.0	6.0	5.2	5.2	
	35.9	28.4	36.7	42.3	36.7	36.6	41.2	37.7	50.2	42.8	
	0.0	0.0	15.7*	0.2*	9.2*	10.6*	11.7*	12.5*	9.2*	14.2	
	159.1	159.1	194.1	194.1	218.1	218.1	234.7	234.7	245.1	245.1	
	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	
	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	
USDA (Research)	0.0	0.0	0.0	0.0	1.0	1.0	1.3	1.3	1.2	1.2	
	0.0	0.0	0.0	0.0	1.0	1.0	1.3	1.3	1.2	1.2	
	1.4	1.4	0.8	0.8	0.7	0.7	0.7	0.7	0.7	0.7	
US Forest Service	0.0	0.0	0.0	0.0	1.0	1.0	1.3	1.3	1.2	1.2	
FDA	1.4	1.4	0.8	0.8	0.7	0.7	0.7	0.7	0.7	0.7	
TOTAL (See Footnotes)	705.3	707.6	883.0	854.3	1107.2	1076.1	1220.6	1210.3	1246.3	1221.7	

* Does not include law enforcement support furnished by DOD for border interdiction estimated at \$15.8M in FY84, no estimate available for FY85.
 † Does not include AID projects which provide indirect support in producing countries, estimated in FY82—\$7.4M; FY83—\$10.0M; FY84—\$7.4M; FY85—\$5.0M.
 ‡ Does not include an FY85 Budget Amendment which restores \$15M to the Customs air interdiction program.

APPENDIX B-2

FEDERAL DRUG ABUSE PREVENTION AND TREATMENT PROGRAMS — SUMMARY										
May 7, 1984										
AGENCY	FY 1981		FY 1982		FY 1983		FY 1984		FY 1985	
	BA	Outlay	BA	Outlay	BA	Outlay	BA	Outlay	BA	Outlay
Department of Health and Human Services										
NIDA	243.9	274.6	56.4*	176.6*	61.9*	67.2*	70.3*	59.6*	79.3*	73.7*
NIAAA	1.3	1.2	1.3*	1.1*	2.1*	1.9*	3.7*	3.3*	3.9*	3.8*
NIMH	8.4	8.4	*	*	*	*	*	*	*	*
OHD	4.7	4.7	*	*	*	*	*	*	*	*
SSA	0.5	0.5	0.6	0.4	0.6	0.6	0.7	0.7	0.7	0.7
Dept. of Defense	33.6	33.6	57.6	57.6	69.7	69.7	78.8	78.8	82.8	82.8
Dept. of Justice										
OJARS	0.0	1.8	4.1	1.6	0.6	3.2	4.6	1.2	4.4	3.9
BOP	3.0	2.9	2.9	2.8	2.8	2.6	3.0	2.7	3.1	2.9
Dept. of Education	13.9	14.0	12.8	12.7	2.8*	2.1*	2.8*	3.0*	3.0*	2.9*
USDA	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2
Dept. of Transportation										
USCG	1.0	1.0	1.0	1.0	1.1	1.1	1.7	1.7	1.6	1.6
FAA	0.1	0.1	0.1	0.4	0.4	0.4	0.6	0.6	0.5	0.5
NHTSA	0.1	0.1	0.0	0.0	2.3	0.9	2.5	2.0	3.2	2.7
FRA	0.0	0.0	0.1	0.1	0.1	0.1	0.3	0.3	0.2	0.2
ETA, Dept. of Labor	3.4	3.4	1.2	1.2	0.4	0.4	0.8	0.8	0.3	0.3
ACTION	2.5	2.5	6.8	6.8	6.9	6.9	6.8	6.8	6.9	6.9
VA	55.2	55.2	55.8	55.8	65.1	65.1	67.7	67.7	69.7	69.7
OPD, DAPO	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
TOTAL (See Footnotes)	372.0	404.4	201.2	318.5	217.2	222.6	244.6	229.5	259.9	252.9

*Portions of or all funding included in State Block Grants (Not included in this chart). Amounts included in Alcohol, Drug Abuse & Mental Health Block Grants are as follows:

FY-82 Minimum \$78M Maximum \$146M
 FY83—Minimum \$79M Maximum \$170M
 FY84—Minimum \$70M Maximum \$199M
 FY85—Minimum \$85M Maximum—State's Discretion

‡Amounts included in Social Services Block Grants—\$11M each year for FY83, FY84, FY85.

APPENDIX B-3

INDEX OF ABBREVIATIONS

AID	Agency for International Development
BA	Budget Authority
BATF	Bureau of Alcohol, Tobacco and Firearms
BOP	Bureau of Prisons
Crim Div	Criminal Division, Department of Justice
Customs	US Customs Service
DAPO	Drug Abuse Policy Office
DEA	Drug Enforcement Administration
Dept of Ed	Department of Education
DOD	Department of Defense
DOJ	Department of Justice
DOL	Department of Labor
ETA	Employment and Training Administration
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FRA	Federal Railroad Administration
FY	Fiscal Year
HHS	Department of Health and Human Resources
INM	Bureau of International Narcotics Matters
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIMH	National Institute of Mental Health
OCDE TF	Organized Crime Drug Enforcement Task Forces
OHD	Office of Human Development
OJARS	Office of Justice Assistance, Research and Statistics
OPD	Office of Policy Development
Outlay	Expenditures for all available BA
Prisons (CAP)	Special program for construction assistance
Rsch	Research
SSA	Social Security Administration
Tax Div	Tax Division, Department of Justice
US Atty	US Attorneys
USCG	US Coast Guard
USDA	US Department of Agriculture
US Forest Svc	US Forest Service
US Marshals	US Marshals Service
VA	Veterans Administration

APPENDIX B-4